

# THE BEVERLY THOMAS FINE ARTS INSTITUTE, INC. FINANCIAL ASSISTANCE FORM

## STUDENT INFORMATION

Name:		
Date of birth:		
Current address:		
City:	State:	ZIP Code:
Home Phone:	Cell Phone:	
E-mail address:	Emergency phone:	

## PARENT/GUARDIAN INFORMATION

Mother's Name:	Father's Name	
Address: (if different than above)		
City:	State:	ZIP Code:
Phone:	E-mail:	Fax:
Name of a relative residing with:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Phone:	E-mail:	Fax:

## PARENT/GUARDIAN EMPLOYMENT INFORMATION

<input type="checkbox"/> Employed (Father/Mother)	<input type="checkbox"/> Unemployed
Current parent/guardian employer	
Employer address:	How long?
Phone:	E-mail:
City:	State:
Position:	Hourly Salary (Please circle) Annual income:

## SCHOLARSHIP INFORMATION

<p>I am requesting the following Scholarship. You must check a box to be considered. If there is a balance due, the student is responsible for the balance.</p>	<p>Full:     <input type="checkbox"/> \$300          Partial: <input type="checkbox"/> \$250     <input type="checkbox"/> \$150</p>
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## SIGNATURES

Student's Signature	Date
Parent/Guardian Signature	Date

**To be considered for a Scholarship, this form MUST be completed and mailed along with the Application form.**  
**Mail to:**  
**The Beverly Thomas Fine Arts Institute, Inc., P.O. Box 21636, Detroit, MI 48221**

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THE BEVERLY THOMAS FINE ARTS INSTUTUTE,INC. OFFICE ONLY**

**Application Approved: Yes  No  Amount of Scholarship \$ \_\_\_\_\_**

**Approved by: \_\_\_\_\_ Date \_\_\_\_\_**