



SCHOLARSHIP REQUEST FORM

COMPLETE AND RETURN TO: UPSTREAM ARTS, INC. • 1304 UNIVERSITY AVE NE STE 306 • MINNEAPOLIS, MN 55413 OR FAX: 480.393.5587 OR EMAIL: INFO@UPSTREAMARTS.ORG

Name: _____

Address: _____

Day Phone: ____/____/____ Evening Phone: ____/____/____

Email Address: _____

Is there a specific Workshop you would like to attend? YES NO
If yes, please indicate which date(s) you would be interested in attending:

Date: _____

Location: _____

Workshop Cost: _____

Are you flexible in terms of which Workshop dates you can attend? YES NO

How much are you able to contribute toward a Workshop? \$ _____

Can you obtain aid from other sources (Family members, scholarships, etc.)? If so, please list total amount. \$ _____

Would you be interested in making time payments (at no interest)? YES NO

If you were able to spread out your payment over a period of months, how much per month would you be able to contribute? \$ _____

Do you currently qualify for: Medicaid Waiver Services School Free/Reduced Lunch Program
Are there other financial assistance programs you qualify for? Please describe:

Upstream Arts will make every effort to help people who need financial assistance. Completion of this form will help us determine how best to allocate Scholarships to those who need it most. Your chances of receiving financial aid increase if you can be flexible on Workshop dates. Completion of this form does not guarantee receipt of a scholarship. We will contact you within 2-3 weeks via phone and let you know of your eligibility and/or award.

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please attach this request to your registration form and mail or fax it to Upstream Arts. All information provided is confidential.