



Scholarship Application Form

Mail completed forms to: Imago Performing Arts, 505 N Park Dr., Belton, MO 64012

Or

Scan and email completed forms to: info@imagoarts.org

PLEASE PRINT CLEARLY

Name (first/last) _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Home Phone _____

Email _____

Status:

- Single
- Married
- Divorced
- Partner

Gender:

- Male
- Female
- Other _____
- Prefer not to say

Which of the following best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaskan Native
- White or Caucasian
- Multiracial or Biracial
- A race/ethnicity not listed here
- Prefer not to say

Number of Dependents _____ (including yourself, spouse/partner & children)

Are you a full time student? Yes No

If Yes, please provide the name of school: _____

List names (last names also if different from yours) and ages of all persons in the household. Your household includes your spouse/partner and dependents you claim on your federal income tax return.

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____
5. _____ Age _____
6. _____ Age _____
7. _____ Age _____
8. _____ Age _____

What is your yearly household income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more

With which class/classes do you need assistance?

List all household members who will participate in these classes

Name: _____ Age _____ Gender _____

Name: _____ Age _____ Gender _____

Name: _____ Age _____ Gender _____

Name: _____ Age _____ Gender _____

Name: _____ Age _____ Gender _____

What is the class fee or cost? _____

How much do you feel you can afford to pay? _____

Have you previously received assistance from the Imago Performing Arts Scholarship program?

___ YES ___ NO When? _____

For which Classes did you receive assistance?

Please tell us about the circumstances that should be considered in reviewing your application.

TERMS OF AGREEMENT

I, _____, do hereby certify that I have read and completed the attached Imago Performing Arts scholarship application. I declare that the aforementioned statements are true and correct to the best of my knowledge. I agree to inform Imago Performing Arts of any material change to my financial status and employment.

Due to potential changes in my personal financial circumstances or the nature of the limited funds in the IPA Scholarship Fund, I understand that I could lose scholarship assistance at any time.

I will honor the financial commitment outlined in my financial aid package. If I am granted a payment plan, I agree to keep those payments up-to-date. I understand that Imago Performing Arts could end the assistance granted to my family if I do not uphold my financial commitment.

Signature of Applicant: _____

Print Name: _____ Date: _____

You will be notified by email as soon as action is taken on this application. **Once notified, you will have until the 25th of the month to communicate, via email, whether you will accept the scholarship offer. If you do not respond to the offer by the 25th of the month, it will be an indication to us that you no longer need the assistance. If you still wish to participate, we ask that you go through our online registration process.**