



Request for Scholarship

I am requesting Scholarship Assistance for _____ to participate in the _____ program of the Media Arts Council.

Student's Mailing Address _____

City: _____ State: _____ Zip: _____

Requester's Email Address: _____ Phone Number: _____

The full cost of the program is \$_____. I am requesting assistance in the amount of \$_____, and can contribute the balance of \$_____ towards the full cost.

I acknowledge that this information is for MAC internal use only, is confidential to limited MAC personnel and is not for public distribution. This information may, however, be shared with organizations that provide the funding that make this scholarship possible.

Parent/Guardian printed first & last name

Parent/guardian signature

Today's Date: _____

Add me to the **Media Arts Council Mailing List**

Please return this request to:
Liz McClearn, Managing Director
Media Arts Council
609-B W. State Street Media, PA 19063
exec@mediaartscouncil.org | 484.445.4161