CMW Financial Assistance Scholarship
Application Form

Your request for assistance is confidential. The information you provide will not be shared with any individuals or organizations outside of CMW. (unless requested by granting organizations providing scholarship monies.)

To be completed by Parent(s)

What is your annual household income? $_____

How many children are there in your family? _____

Amount of Scholarship requested $_____

Has your student expressed an interest in the performing arts? Yes No

Please provide a short explanation for why you want your student to participate in this program.

_____

_____

_____ _____ _____ _____
Street Address City State Zip

_____
Home Phone

For The Pokagon Fund Scholarships:
I reside in New Buffalo, Chikaming, or Three Oaks Townships _____YES _____NO

_____ _____ _____
Parent Name (please print) Parent Signature Date

To be completed by Student (over age 10):

Are you interested in learning about the performing arts? Yes ____ No ____

What are your areas of interest? Please circle the items that apply.

Acting Singing Dancing Scenic Design

Costume Design Lighting Design Sound Design

Stage Management All of the Above

Please provide a short explanation for why you want to participate in this program.

_____

_____

_____ _____ _____
Student Name (please print) Student Signature Date

Mail your completed application form to: **CMW Scholarship, P.O. Box 69, Stevensville, MI 49127**