

# 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.)

Student Name (s):

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Street Address

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City

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State

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Zip

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Home/Cell Phone (Parent)

### **To be completed by Parent(s)**

What is your annual household income (use your adjusted gross income)? \$ \_\_\_\_\_

What is your household size (the total number of people living in your household)?

\_\_\_\_\_

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.

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Parent Name (please print)

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Parent Signature

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Date

Letters and scholarship applications must be received at the time of registration to hold your spot in the show.

Letters and applications can be e-mailed to [executivedirector.cmw@gmail.com](mailto:executivedirector.cmw@gmail.com) or mailed to:  
**CMW Scholarship, P.O. Box 69, Stevensville, MI 49127**