

# CREATIVE BRAIN® LEARNING CENTER

## SCHOLARSHIP APPLICATION

### Aplicación de beca

SCHOOL/ESCUELA: \_\_\_\_\_ DISTRICT/DISTRITO: \_\_\_\_\_

#### APPLICANT INFORMATION/ Información del solicitante

STUDENT NAME/Nombre del estudiante: \_\_\_\_\_

#### PARENT/GUARDIAN - guardián

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

CELL: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

100% Free Tuition Scholarship  Reduced Tuition Scholarship  Either

#### PLEASE DEMONSTRATE NEED FOR A SCHOLARSHIP/ POR FAVOR DEMUESTRE LA NECESIDAD POR UNA BECA

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I HEREBY AUTHORIZE CREATIVE BRAIN LEARNING® TO DISCUSS THIS APPLICATION FOR SCHOLARSHIP WITH THE SCHOOL ADMINISTRATION./ YO AUTORIZO LA CREATIVE BRAIN LEARNING® POR LA PRESENTE PARA DISCUTIR ESTA APLICACIÓN PARA LA BECA CON LA ADMINISTRACIÓN ESCOLAR.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT/ SOLICITANTE

#### PLEASE NOTE

ONLY A LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE. SCHOLARSHIPS ARE GRANTED ON THE BASIS OF FINANCIAL NEED. COMPLETION OF A SCHOLARSHIP APPLICATION **DOES NOT** GUARANTEE ELEGIBILITY FOR A SCHOLARSHIP. SCHOLARSHIPS ARE ONLY FOR THE RENTAL OF A MUSICAL INSTRUMENT OR FOR PARTIALLY COVERING TUITION FEES. IN ORDER FOR AN APPLICANT TO BE ELEGIBLE FOR A SCHOLARSHIP FINANCIAL NEED MUST BE DEMONSTRATED.

#### POR FAVOR NOTE

SÓLO UN NÚMERO LIMITADO DE BECAS ESTÁ DISPONIBLE. SE CONCEDEN LAS BECAS EN BASE A LA NECESIDAD FINANCIERA. LA SUMISIÓN DE UNA APLICACIÓN DE LA BECA NO GARANTIZA ELEGIBILITY PARA UNA BECA. LAS BECAS SÓLO SON PARA EL ARRIENDO DE UN INSTRUMENTO MUSICAL. PARA QUE UN SOLICITANTE SEA ELEGIBLE PARA UNA BECA DEL INSTRUMENTO LA NECESIDAD FINANCIERA DEBE DEMOSTRARSE.

#### CREATIVE BRAIN LEARNING CENTER

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