

SCHOLARSHIP APPLICATION

Friends of the Leland Cultural Arts Center www.friendslcac.org

Please return this completed application for processing at least two weeks prior to the class start date. Please note, only one course per scholarship form. Please use an additional form for multiple course request. Scholarships are made possible by generous donations to the FLCAC. To apply for a scholarship, please refer to current course offerings. This information is available in the current CAPE, by visiting the LCAC located at 1212 Magnolia Village Way, Leland, NC 28451, or on the LCAC's website: www. townofleland.com/lcac.

Course Code	Course Title		Start Date	Fee
Applicant Informati	i on (or Parent/Guardian I	nformation for Applica	ants under 16 years old)	
First Name		Last Name		DOB
Street Address		City	State	Zip
Home Phone		Cell Phone		
Email Address				
Child Information (A	Applicants under 16 years	s old)		
First Name	ame		Last Name	
mergency Contact	:			
irst Name	 Last Nar	ne	Relationship	Phone
Household Income Less than \$10,000 \$10,000-\$20,000 Please state reason for wishing to participate in LCAC classes and			\$20,000-\$30,000	Above \$30,000

Please mail this application to: Friends of the Leland Cultural Arts Center (PO Box 90, Leland, NC 28451) or deliver to the LCAC front desk.

Please note that if the scholarship is not used within one year, it will be reassigned to another applicant or will require board review to be used by the original applicant. By participating in LCAC programs with FLCAC scholarship funding, I agree to all waivers, rules, and stipulations that the Town of Leland and the LCAC have for participants of programs.