



# SCHOLARSHIP REQUEST FORM

## PERSONAL INFORMATION

Please Print

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone #s \_\_\_\_\_

eMail \_\_\_\_\_

Age \_\_\_\_\_

## REQUEST DESCRIPTION

For what arts-related pursuit would you like CAA to help?\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long will this take? \_\_\_\_\_

How much would you request for the above? \$ \_\_\_\_\_

This would cover what percentage of your pursuit? \_\_\_\_\_

\*Optionally, you may provide a typewritten description and attach it to this form.

Signature: \_\_\_\_\_

Mail to  
Castine Arts Association  
P.O. Box 592  
Castine, ME 04421