



**Clifton Cultural Arts Center  
Class Scholarship Application**

Applicant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of school: \_\_\_\_\_

What class does the applicant want to take? \_\_\_\_\_

Name of class provider/organization: \_\_\_\_\_

Does the applicant qualify for the free/reduced lunch program?  Yes  No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Please return scholarship form to the CCAC office, or by mail or email:

3711 Clifton Avenue

Cincinnati, OH 45220

[classes@cliftonculturalarts.org](mailto:classes@cliftonculturalarts.org) | (513) 497-2860