

Idaho Falls Youth Arts Centre Scholarship Application / Recommendation Form

The goal of the IFYAC scholarship program is to ensure that youth who may not otherwise be able to participate in the performing arts programs offered by the Idaho Falls Youth Arts Centre are given access to those programs. Please complete the following information.

Youth Applicant Name _____ Age _____ School _____

Address _____ City _____ Zip _____ PH: _____

Parent/Guardian _____ Email _____

Is the youth a recipient of any other scholarships/ grants/ or programs? If so please list/describe:

Youth's Significant Interest: Choir___ Summer Theater Camp___ Suzuki Strings Camp___

IFYAC Strings___ Workshops: Audition ___ Technical___ Improvisation___ Dance___

Please list any In-Kind Service or Donation your family can provide:

Person Referring Youth: Name _____ Ph# _____

Statement of Recommendation: _____

Statement by Youth / Parent as to expectations of benefits or impact from scholarship:

Signed: _____
Youth / Referral _____ **Parent** _____ **Date** _____

For IFYAC use only

Date Received _____ Date Reviewed _____

Accepted _____ Declined _____ Reason _____

Authorized Signature _____ Date _____