Idaho Falls Youth Arts Centre Strings 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: IFYAC Strings___

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

_____

Person Referring Youth: Name_____ Ph#_____

Letter of Recommendation is required for this Program. Examples of persons who can provide letter; Teacher, Counselor, School Official, Church Official or member of the community with knowledge of need.

If you meet the guidelines for the school lunch program please indicate YES___ NO____

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_____