

Scholarship Application Form for SNAP



Scottsdale Neighborhood Arts Place (SNAP)

4425 N. Granite Reef Road

Scottsdale, AZ 85251 info@yoursnap.org

www.yoursnap.org

Name of applicant: _____

Address: _____

City _____ State _____ Zip _____

Phone: () _____ email _____

Explanation: (Please note in the space below any facts that you would like to bring to the attention of SNAP for consideration. Please state your relationship, if any to SCUCC. Describe any financial need relevant. This will be kept confidential.)

Name of Class, Lesson or Camp: _____

Dates: _____

Cost: _____

Amount requested by applicant: _____

Amount granted by SNAP: _____

TOTAL: \$ _____

Signature of Parent or Guardian: _____ Date: _____

Signature of Instructor: _____ Date: _____

Signature of SNAP Representative: _____ Date: _____