



## Summer 2017

### Random Selection Scholarship Application

<b>Participant Name:</b>	<b>Participant DOB:</b>
<b>Participant Age:</b>	<b>Today's Date:</b>

Please drop off completed form at either of our offices, email to [info@thectcenter.com](mailto:info@thectcenter.com), or fax to 3016180025.

**Winners will be notified the week before the program! All scholarships are full scholarships.**

*Check all scholarships that you wish to apply for:*

<input checked="" type="checkbox"/>	
<input type="checkbox"/>	Recycled Art Program
<input type="checkbox"/>	Drawing and Painting Program
<input type="checkbox"/>	Summer Clinic
<input type="checkbox"/>	Teens and Tweens Social Skills Groups

Form completed by: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you want to be added to our email list? (circle one)      **YES**                      **NO**

**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_