

# VSA Nevada Scholarship Application

Please send this application with a [registration form](#) to VSA arts of Nevada.  
Full and partial scholarships available. You will be contacted regarding the status of your scholarship.  
**Fax 337-6107 ~ Mail 250 Court St, Reno, NV 89501 ~ Ph 826-6100**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell # \_\_\_\_\_

E-mail: \_\_\_\_\_

***If application is for a child, please complete next section.***

Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Please list class(es) that you are interested in taking, including date and location.

\_\_\_\_\_

Do you/your child have a disability? \_\_\_\_\_

Household monthly gross income from employment \_\_\_\_\_

# of people in your household \_\_\_\_\_

List any other sources of household income or public assistance and monthly amount

\_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Amount you can contribute: \$ \_\_\_\_\_

Participant/Parent/Guardian Signature \_\_\_\_\_