



Raphael Bouganim Memorial Scholarship Application Form

Please print out, complete, and mail to:

San Francisco Children's Art Center
Fort Mason, Center Bldg. C
San Francisco, CA 94123

For which class(es) are you requesting a scholarship? Be sure to include the day, time and title of the class.

1st choice: \_\_\_\_\_

2nd choice: \_\_\_\_\_

3rd choice: \_\_\_\_\_

What is the tuition for this class? \_\_\_\_\_ What amount are you able to pay? \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Best phone number \_\_\_\_\_ o cell o home o wk

Alternate phone number \_\_\_\_\_ o cell o home o wk

Family's estimated total monthly income \$ \_\_\_\_\_/month

Source(s) of Income \_\_\_\_\_

Family's estimated total monthly expenses \$ \_\_\_\_\_/month

Number of People in Household: \_\_\_\_\_ adults \_\_\_\_\_ children

What other information about your family would you like the Scholarship Committee to know?

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe why your child would benefit from receiving a scholarship.

\_\_\_\_\_  
\_\_\_\_\_

Thank you! We will call you when we receive your application! If you have any questions about the scholarship, please call our office at (415) 771-0292 or send an email to sfcac@childrensartcenter.org.

Please do not submit payment with your scholarship application. We will contact you once your application is received to confirm it's arrival and update you on the status of your enrollment. SFCAC's goal is to provide scholarships to as many applicants as possible (ideally all!); there are limited scholarship funds available, however, and most scholarships granted will be for partial tuition, with preference given to new students.