



Instructions: To be completed by parent or guardian. Please print clearly in black or blue ink.
Note: Scholarship information is kept confidential.

Session: ___ Fall ___ Winter ___ Spring ___ Summer Year: _____

Student(s) Name(s)	Date of Birth	School Attending
1.		
2.		
3.		
4.		

Please list other extracurricular activities in which your child is involved:

Parent or Guardian name(s): _____

Address _____

City, Zip _____

Home phone # (____) ____ - _____ Email Address _____

FAVA offers partial scholarships limited to the amount of donations given each year to the scholarship fund. Please tell the FAVA Scholarship Committee why you are applying for this financial assistance: _____

How much of the tuition fee do you feel you *can* afford? \$ _____

Parent/Guardian Signature _____ **Date** _____

Mail completed form to FAVA, PO Box 766, Sierra Madre, CA 91025 or FAX to (626)466-4444

*****Office Use Only*****

Scholarship amount granted _____ Session _____

Comments _____