THE EMMA S. BARRIENTOS MEXICAN AMERICAN CULTURAL CENTER

Education Department - Scholarship Application

GENERAL INFORMATION

Child's name: _____ Age: _____ Date of Birth: _____ ☐ Female ☐ Male

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ School currently attending: _____

Home phone: _____ 2nd phone: _____

Has your child ever attended classes at the MACC? ☐ Yes ☐ No On Scholarship? ☐ Yes ☐ No

If yes, how many times? _____ How did you hear about this program? _____

CAMP SESSION

Placement depends on space availability.

1st choice: _____ Family co-pay ☐ 25% or ☐ 50%

2nd choice: _____ Family co-pay ☐ 25% or ☐ 50%

FINANCIAL INFORMATION

1st parent/guardian name: _____ Relationship to child: _____

Place of Employment: _____ Job Title: _____

2nd parent/guardian name: _____ Relationship to child: _____

Place of Employment: _____ Job Title: _____

Total household income per year: _____ Total members in household: _____ / _____
Adults Children

Are you or your spouse a City of Austin employee? ☐ Yes ☐ No

Are you using a COA voucher this summer? ☐ Yes ☐ No

Does your family participate in the following programs: *(Please circle programs that apply)*

Free/Reduced Lunch Program | Food Stamp Program | Foster Child | Other: _____

Please explain why your child is a candidate for financial assistance: _____

_____

_____

_____

Please read and sign. I understand that I am responsible for arranging daily transportation for my child. I will sign them in/out everyday and I will make every effort to have my child attend all camp dates. I understand the MACC's Cancellation & Refund Policy if I need to cancel my child's camp. I also understand that there is no guarantee that my child will be awarded a scholarship. The information I have given on this application is complete and accurate.

Signature: _____ Date: _____

(Parent/Guardian of Child)

REFERRAL

Child's name: _____

Parent/Guardian: Please have an adult that is not related to your family fill out this required portion.

Examples: Teacher, Counselor, Communities in Schools Counselor, Church Minister, etc.

Referral Name: _____ School/Organization: _____

Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Please respond to all questions.

How many years have you known this student? _____

In what capacity? _____

_____

_____

_____

_____

_____

	Below	Average	Above	Superior
Interest in the Arts	☐	☐	☐	☐
Ability in the Arts	☐	☐	☐	☐
Character	☐	☐	☐	☐
Cooperation	☐	☐	☐	☐
Leadership	☐	☐	☐	☐
Emotional Maturity	☐	☐	☐	☐
Personal Initiative	☐	☐	☐	☐

Are there any concerns we should know about this student? _____

_____

_____

Why do you feel this student should be considered for a scholarship? _____

_____

_____

_____

Referral Signature: _____ Date: _____

Please complete and submit application to:

Emma S. Barrientos Mexican American Cultural Center - Education Scholarship Panel

600 River Street, Austin, TX 78701

Phone: 512-974-3786 | Fax: 512-974-3777 | tiffany.moreno@austintexas.gov

Education Office Hours

Monday - Thursday 10 AM - 6 PM

Friday 10 AM - 5:30 PM

Saturday and Sunday Closed