



Washington Pavilion Scholarship Application

The confidential nature of the information shared will be respected. Applications will be considered based upon class openings and available scholarship funds.

Student Name _____ Student Date of Birth _____
Student Grade Level _____ Parent(s) Name _____
Address _____
City _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
E-mail Address _____

Class or Program Name _____

Date of Class or Program _____ Tuition for Class/Program _____

We can contribute \$ _____ toward tuition

Family Income: _____ Number in household _____
 \$0 - \$25,000 \$25,000 - \$35,000 \$35,000 - \$45,000 \$45,000 - above

Please use the space below to help us understand your reason for requesting financial assistance (attach additional pages if necessary):

Much of scholarship funding comes through the Connecting Kids Initiative with the United Way. Connecting Kids supplements the cost for K-8 students to participate in a choice of several area activities, but families can utilize only one certificate a year.

Have you used a Connecting Kids certificate this calendar year? YES NO

Would you be willing to utilize a Connecting Kids certificate for this activity? YES NO

I declare that the information reported on this form is true, correct and complete to the best of my/our knowledge. The Washington Pavilion has permission to verify the information reported above.

Signature of Parent _____ Date _____

Please return to:

Washington Pavilion | Attn: Patron Services Manager | 301 S. Main Ave | Sioux Falls, SD 57104