



P. O. BOX 1414 ■ SAN MARCOS, TEXAS 78667 ■ (512) 393-3310

IC|INFO@INDIGENOUSCULTURES.ORG ■ WWW.INDIGENOUSCULTURES.ORG

Indigenous Arts Summer Camp SCHOLARSHIP APPLICATION

Name of Student applying for scholarship: _____

Name of Parent/Guardian responsible for this Student: _____

Age of Student: _____ School that Student attends: _____

Address of Student: _____
(Street) (City) (Zip Code)

Phone number of Parent/Guardian: _____
(Home phone) (Cell phone)

Email address of Parent or Student (if available): _____

TO THE STUDENT: Please use the space below to describe why you want to attend the Indigenous Arts Summer Camp.

I approve of my child applying for this scholarship. I understand that since my child does not attend the San Marcos Consolidated I.S.D. that this scholarship is based on financial capacity to pay the camp fee of \$200. To assist in this decision, I am providing the following information which is true and correct:

Number of people in our household: _____

Annual household income (check one):

under \$15,930 under \$40,890 under \$56,428 under \$61,335 under \$81,780 under \$102,225

Parent/Guardian Signature: _____ **Date of Signature:** _____

Please print, complete, and sign this application and mail to:
Indigenous Cultures Institute, PO BOX 1414, San Marcos, TX 78667