

CLASS REGISTRATION FORM

Please return registration form with payment or scholarship application to:

Academy of Fine Arts, 600 Main Street, Lynchburg, VA 24504.

or register online through our secure website:

www.AcademyFineArts.com

Student's Name _____

Birth Date (if under 18) _____

Parent's Name (if under 18) _____

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

E-mail _____

REVIEW CLASS TITLES, DATES/TIMES AND FEES

Class Number & Title	Meeting Day/Time	Fees
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
		Total Fees \$ _____

Check Cash Mastercard Visa Amex

Number _____ Exp. Date _____

Signature _____

SCHOLARSHIP REQUEST: *Fill out this section if you need assistance*

We wish to make our programs affordable to all. Genworth Financial and the Powell Dillard Family have provided generous support to the Academy of Fine Arts which enables us to offer scholarships based on financial need. If you need scholarship help, please fill out the information below. You may want to send a \$15 deposit per class to reserve your class space while we process scholarship applications. Make sure you have also filled out the top section of this application.

Annual household income (check one):

- under \$10,000 \$10,000-\$20,000 \$20,000-\$30,000
 \$30,000-\$40,000 \$40,000-\$50,000 above \$50,000

Number of people in your household: _____

How much can you afford to pay towards this class? _____

Please list any additional information that may assist us in determining your family's needs (use extra paper if necessary):

All information is confidential, used only for determination of scholarship eligibility. You will be contacted about the outcome of your scholarship request within two weeks. If you have questions, please call (434) 528-3256 Monday thru Friday between the hours of 9:00 am and 5:00 pm. Thank you for your interest in the Arts Education programs at the Academy.