Essential Worker Scholarship Assistance Form

Name:	
Address:	
Phone:	
Email:	
Employer and Position:	
Class – description/date/price:	
What can you pay:	Individual income:
to all essential workers in the community. Sc ual income, once a quarter. Scholarships range course cost (for individual incomes below \$35 during and throughout the New York State locand other health care entities; fire stations; U stores; restaurant that remained open for car Please attach: 1) a copy of your work ID, and come. We recognize that there may be many factors for a course. If you have additional reasons t	1, or until fully exhausted, Scholarship Assistance is available holarships will be awarded on a sliding scale based on individge from 10% (for individual incomes over \$95,000) up to full 5,000). Essential workers are individuals who reported for work ckdown period and include workers at: hospitals, nursing homes .S. Post Offices; delivery companies; grocery and convenience ry-out or delivery; and the like. 2) your most current paystub or other proof of individual inbeyond individual income that may affect what you can pay o request consideration for a scholarship, please attach a brief
letter of explanation. Signed:	Date:
Send to: Flower City Arts Center 713 Monroe Avenue Rochester, NY 14607	Or email to: rparker@flowercityarts.org
For Office Use Only	
Amount:	
Approved by:	<u> </u>
Date:	