

OWATONNA ARTS CENTER

Education Merit Scholarship Application Form

Please complete all information on this application form. Application form must be returned no later than one week prior to the registration date. This applies to Owatonna Art Center classes only. The Owatonna Arts Center reserves the right to verify all information contained on this application.



**OWATONNA
ARTS CENTER**

435 Garden View Lane
P.O. Box 134
Owatonna, MN 55060
phone: 507.451.0533
fax: 507.446.0198
oacarts.org

Name of Applicant: _____

Contact number: _____

Address: _____

City: _____ State _____ Zip _____

School Attending: _____

Program enrolled: _____

Owatonna Arts Center Class requested: _____ Dates: _____

Cost of Owatonna Arts Center Class:

Signature of Applicant:

x _____ Date _____

Name of Nominator: _____

Contact number: _____

Email: _____

Signature of Nominator:

x _____ Date _____

** Please note funds are appropriated only when available.*