2022-23 CODY DOWNS SCHOLARSHIP FOR ARTS FUND APPLICATION

| Date: | Amount of Request: \$ |
|-----------------------------|---|
| Applicant Name: | |
| Address: | |
| | |
| Phone Number: | |
| • | a disability or a USA Veteran and a resident of Pacific County e check all that apply): |
| O Person with a | a disability |
| Veteran | |
| Pacific Count | y WA Resident |
| Name of Activity/C | ass: |
| Location of Activity | /Class: |
| Please provide us in class: | nformation on why you would like to participate in this activity or |
| | |
| | |
| | |
| | |
| Applicant Signature | ::: |
| Guardian's Signatur | |

Mail this form to PAA, PO Box 321, Ocean Park WA 98640
OR email as attachment, put Cody Scholarship in subject line: penart321@gmail.com