



SANTA CRUZ
MOUNTAINS
ART CENTER

Youth Scholarship Registration Card

SCMAC Youth Art Program

9341 Mill Street, Ben Lomond, CA 95005

(831) 336-3513

Student's Name _____ DOB _____

Parent/Guardian _____

relationship if not parent

Address _____

Phone _____ Email _____

Organization's Authorization (please check one)

Valley
Churches
United

Mountain
Community
Resources

Other: school, church, etc.

Signature of Parent/Guardian _____ date _____

Signature of Authorizing Agent _____ date _____

*Funding in
part from*

