ARTS CENTER MEMBERSHIP FINANCIAL ASSISTANCE APPLICATION

The Sangre de Cristo Arts Center is pleased to be able to offer a limited number of need-based memberships each year. Please fill out completely and return to the Welcome Center, Helen T. White Building. Mark as "ATTN: MEMBERSHIP". Thank you.

Please be aware your application does not guarantee financial assistance.

Financial assistance is awarded based on availability and financial need. Funds are made available through the generosity of the Arts Center's donors.

Applicant Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Email: _____

Annual Household Income: $_____/year # of people in household:_____

Type of membership desired (circle one): One Person Two Person Family Grandparent

Please answer the following questions briefly for membership assistance consideration:

1. Why do you wish to receive a membership to the Arts Center?

2. How much could you pay towards an Arts Center membership?

3. Please describe any extenuating circumstances that cause you to be unable to pay full price for membership:

Signature_____Date_____

Applications are reviewed in the order they are received. You will be contacted as soon as possible regarding the outcome. In the event financial assistance funds are exhausted, we will keep your application on file in order of receipt and will contact you if additional funds become available.