



## Busing Scholarship Application

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Tour: \_\_\_\_\_

Cost of busing: \_\_\_\_\_

If approved:

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Please return completed form to:** Crooked Tree Arts Center  
Attention: Scholarships  
461 E. Mitchell St.  
Petoskey, MI 49770

**Or email to:** [carina@crookedtree.org](mailto:carina@crookedtree.org)

**Or fax to:** 231-347-5414 *Attention: Carina*