

Scholarship Application Form

45 Pershing Ave., Poughkeepsie, NY 12601

Tel: 845.471.7477 • Fax: 845.471.7507

Name of Applicant _____ Age _____ DOB _____

Address _____ City _____ State _____ Zip _____

Preferred Telephone Number _____ Email _____

Parent Information

In order to process any request for scholarship or financial aid ALL applicable fields must be completed and **the first page of your most recent tax return must be included**. Incomplete or unanswered fields will disqualify an application from consideration. Write "N/A" if any field is not applicable to you.

Guardian #1 _____ Relationship to Applicant: _____

Phone (H): _____ (W): _____

Salary per year _____ Employer _____

Guardian #2 (if applicable) _____ Relationship to Applicant: _____

Phone (H): _____ (W): _____

Salary per year _____ Employer _____

Please list the names of two teacher references

Name _____ School _____ Phone _____

Name _____ School _____ Phone _____

Will the applicant have transportation to The Art Effect? yes no

Has the applicant ever attended The Art Effect before? yes no When? _____

Has the applicant ever received a scholarship to The Art Effect before? yes no When? _____

Explain why you feel you, the applicant, should receive this scholarship or sponsorship: _____

Has the applicant received a recommendation from an Art Effect staff member? yes no

Name of staff member: _____

(over)

Please list the names and ages of any brothers, sisters, and any other family members living at home: _____

Do you currently receive any of the following: HEAP WIC SNAP

Are you eligible for ADC funds from the Department of Social Services? yes no

Are you currently receiving unemployment insurance? yes no

Are you currently receiving child support? yes no

For which class(es) are you applying? _____

The Art Effect makes every effort to give as many scholarships as possible. By being able to pay a partial tuition, you can make it possible for more teens to attend The Art Effect.

Please specify total amount you are able to pay towards tuition: _____

What are the applicant's aspirations in art: _____

Do you have plans to pursue art either as a course of study or career? yes no

For students ages 11 – 19:

What do you enjoy about your life and what do you want to remain the same? _____

How will you utilize that aspect of your life in a career in the arts? _____

Parent/Guardian Signature _____ Date _____

Please attach at least one recommendation NOT from a family member and any relative samples of recent work.

Students selected for sponsorship and/or scholarship may have their photo, art, and story used for fundraising and promotional purposes. Special appearances for award presentation may be required.

OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)

Week(s)/Class(es) awarded: _____ Amount parent can pay: \$ _____

AMOUNT OF SCHOLARSHIP FUNDS AWARDED: \$ _____