

ADULT SCHOLARSHIP APPLICATION

Please submit your application by the stated deadline for each quarter.

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL

Applicant's Name: _____ Age: ____ M F

Area of Interest: _____

Address: _____ Apt.#: _____

City: _____ Zip: _____

E-mail: _____ Phone: _____

(_____) _____ (_____) _____

Home/Cell Number

Work Number

Art course I am interested in: _____

FINANCIAL INFORMATION

1. Send a copy of your last tax return with this application. **Please blackout your SSN and any PINs associated with your tax return.**
2. Please describe your financial situation so we can best determine need.

CERTIFICATION SIGNATURE

I certify that all of the included information is true and correct. I understand that the scholarship will cover up to one class or a specific number of workshops determined by the Visual Arts Center of New Jersey. I understand that the scholarships are awarded to the prioritized selection of the qualified applicants.

Signature of Applicant

Date

Please send completed application to:

Visual Arts Center of New Jersey, 68 Elm Street, Summit, NJ 07901 Attn: Studio School

For additional information, please contact the Studio School at 908.273.9121 or

studioschool@artcenternj.org.