

YOUTH SCHOLARSHIP APPLICATION

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

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL

Applicant's Name: _____ Grade: _____ Age: _____ M F
Address: _____ Apt. #: _____
City: _____ Zip: _____
E-mail: _____ Phone: _____
Present School & Town: _____
Area of Interest: _____
Parent/Guardian Name(s): _____
Relationship to applicant: _____
(_____) _____ (_____) _____
Home/Cell Number Work Number

RECOMMENDING TEACHER (we will call you to get your verbal recommendation)

Name of teacher: _____
Contact Number: _____

FINANCIAL INFORMATION

1. Please send a copy of one of the following document with this application:
 - a. A copy of your last tax return with this application. **Please blackout your social security number and any PINs associated with your tax return.**
 - b. A copy of a letter acknowledging acceptance of free and reduced lunch.
2. Please answer the following questions:
 - a. *What is your household's yearly income?* _____
 - b. *How many people are in your family?* _____

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.

Parent/Guardian of Applicant

Signature of Parent/Guardian 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.