

APPLICATION DEADLINE: April 1, 2018

**2018
ROCKLAND CENTER FOR THE ARTS
SUMMER DAY CAMP SCHOLARSHIP APPLICATION
(A separate form must be filled out for each child)**

Scholarships are given for Session 2 only: (July 23 – August 17, 4 weeks)

Please Print

Name of Child _____ DOB _____ Age ____ Male Female

Name of Parent or Guardian _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Home Phone _____ Business Phone _____

Occupation of Father _____ Occupation of Mother _____

Number of Children in Family _____ Child's School _____

Racial Information (funding agencies request this information) .

Caucasian African-American Hispanic Asian Native American Mixed

Have you ever received a scholarship from this art center? Yes No

If yes, was the scholarship for the: Day Camp? Year? _____ Art School? Year? _____

Scholarships are based on **financial need**. Briefly describe your circumstances:

If you were referred by an agency, please name the agency _____

Name of contact at the agency _____ Contact's phone # _____

If you were referred by an individual, please name _____ Phone # _____

List 2 people who know you personally (not related to you):

Name _____ Phone _____

Name _____ Phone _____

Please provide the name of your child's current teacher & school:

School your child attends: _____ Child's Grade _____

Teacher's Name _____ School Telephone # _____

INFORMATION YOU NEED TO KNOW:

- You must complete and return **both** this form and a the camp application form
- Only complete applications will be considered
- The art center follows a non-discriminatory policy in admissions

For Office Use Only: Date Received _____
Session 2 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved by (initial) _____