



27 South Greenbush Road
West Nyack, NY 10994

You will find enclosed a day camp scholarship form(s) and a copy(s) of the camp brochure that includes a camp application form. **You must complete and return both the scholarship form and the camp application form.** The deadline for application is **April 1, 2019**. Applicants will be notified of acceptance by May 1st. Each year we give at least 10 scholarships but we receive many more applications, so please note that acceptance is not guaranteed because an application is received.

Please read the following information:

- **Scholarships are given for Session 2 only: July 29 - August 23 (4 weeks)**
- The day camp serves children entering grades K-9 in September 2019
- Camp operates 5 days per week – Monday-Friday - from 9:45 am to 4:00 pm
- Scholarships are based on real financial need
- Priority is given to children who have **not** been to our camp before
- The camp does not provide transportation or lunch. Be sure you can arrange transportation & send a lunch for your child
- Scholarships are not transferable or redeemable for cash

Please read the camp brochure for complete details. Remember to complete and return the camp application located in the brochure along with your scholarship form. Once again, **the application deadline is April 1, 2010.**

If you have any questions about the scholarships or completing the forms, please call me at 358-0877 ex. 18 between the hours of 9:00 a.m. and 5:00 p.m. Monday through Friday or e-mail Amy@rocklandartcenter.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Amy Alinkofsky', written in a cursive style.

Amy Alinkofsky
Camp Director

APPLICATION DEADLINE: April 1, 2019

**2019
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 29 – August 23, 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) _____
