

Announcing Scholarship Applications for Children and Teens

Winter Classes @ RoCA

Winter Term begins January 8, 2024

Children's Scholarships are made possible thanks to the Louis Spitz Scholarship Fund, the Barbara Kalvert Scholarship Fund, Sarah & Stephen Thomas, and the Mark & Jessie Milano Foundation.

APPLICATION DEADLINE: January 2, 2024

October 2023

Dear Parent,

Do you have a creative child who would benefit from art instruction and inspiration? If your child enjoys art, but you cannot financially support a class, please read this letter. Please fill out the enclosed application and registration forms *completely* to be considered for a winter class scholarship at Rockland Center for the Arts.

Rockland Center for the Arts (RoCA) is a non-profit art school in West Nyack that offers art classes for ages 4 to adult. Each semester we award a *limited* number of full scholarships to our art classes. Scholarships will be awarded on the basis of financial need.

A complete listing of classes can be found on our website at www.rocklandartcenter.org. Please make sure to fill out the registration and scholarship form completely. Due to the high volume of applications, only complete applications with registration will be processed. No applications will be accepted after the January 2 deadline, and we can only accept one application per family each semester. Students should list three class preferences in the event their first choice isn't available.

All applicants will be called and informed of the status of their application. If you have any questions, please call me at (845) 358-0877 ext. 17.

Sincerely,

Daly Flanagan

Executive Director

Daly Hanagan



Scholarship Application for Children & Teens: Winter Art Classes

Winter Begins January 8, 2024 Application Deadline: January 2, 2024

Name of Applicant	B	Birth date	_ Male or Female	(circle one)
Address				_
street	city	state	zip	
Daytime Phone:	Evening Phone:	<u>:</u>		
<u>Email</u>				
A. Name of Parent/Guardian:				
B. Occupation(s) of Parent(s)/Guardian(s):				
C. Number of Children in Family:	School of C	hild:		
Have you ever received a scholarship from	Rockland Center for	the Arts? Yes	No	
If yes: When? (Yr & Semester)	Type: \$	School Summe	er Day Camp Bo	oth
Scholarships are based on financial need. F	Please describe your	circumstances at	this time to indica	te eligibility:
				
				_
If you were referred for a scholarship, pleas	se indicate below:			
Person who referred you:		Phone	:	
School or Agency which referred you:				_

References: List two people who know you personally - not relatives:

Name	Phone:
List the courses you are interest	ested in below:
(Please list three choices. Wr	ite the course number & title. Refer to www.rocklandartcenter.org for class info)
1	
2	
3	
Note:	
 Only complete application Scholarships are gran Rockland Center for t 	be accepted after the deadline. ations (that include a filled in registration form) are considered. ted on a space available basis. he Arts follows a non-discriminatory policy on admissions and employment.
Scholarship awards at	re not redeemable for cash and are non-transferable.
Does your child have any sne	cial assistance considerations? Please indicate if you would like to discuss details with the
Executive Director.	that assistance constact another reason materials with the
	that assistance constact and the first and t
Executive Director.	plication and send to:
Please mail the completed app	plication and send to:
Please mail the completed app Daly Flanagan, Executive Direct Rockland Center for the Arts 27 South Greenbush Road	plication and send to:
Please mail the completed app Daly Flanagan, Executive Direct Rockland Center for the Arts	plication and send to:
Please mail the completed app Daly Flanagan, Executive Direct Rockland Center for the Arts 27 South Greenbush Road	plication and send to:
Please mail the completed app Daly Flanagan, Executive Direct Rockland Center for the Arts 27 South Greenbush Road West Nyack, NY 10994	plication and send to:

Winter 2024 Scholarship Registration Form

Course Number	Course Title	Tuition	Model Fee	Materials Fee	Total

Registration Information

Student Name:				
Address:				
	State			
City:	:	Zip:		
Cell / Work				
Home Phone:	Phone:			
E-mail Address:				
Parent/Guardian Name:	Child Birth	n Date Mon Yr		

Please mail the completed application and send to:

Daly Flanagan, Executive Director Rockland Center for the Arts 27 South Greenbush Road West Nyack, NY 10994

dflanaganrca@aol.com