



EAST END ARTS COUNCIL

SCHOLARSHIP APPLICATION

Date _____

NAME(of scholarship applicant) _____ age _____

ADDRESS _____

TELEPHONE(daytime) _____ (evening) _____

OCCUPATION (for adult students) _____

A copy of your most recent Federal Tax Return must be enclosed for consideration of a scholarship

FAMILY INFORMATION:

MOTHER'S NAME: _____ OCCUPATION: _____

FATHER'S NAME: _____ OCCUPATION: _____

NUMBER OF CHILDREN IN FAMILY: _____ AGE(S) _____

NUMBER OF CHILDREN IN COLLEGE: _____ ANNUAL COMBINED FAMILY INCOME: _____

MUSIC SCHOLARSHIP APPLICATION, COMPLETE SECTION BELOW

STATE AMOUNT OF MONEY THAT FAMILY CAN AFFORD PER LESSON (this line must be filled in to be considered) _____

LIST ALL MUSICAL ACTIVITIES AND TIME SPENT PER WEEK ON EACH:

HOW MANY HOURS PER WEEK DOES APPLICANT PRACTICE MAJOR INSTRUMENT?

OTHER SCHOLARSHIP APPLICATIONS, COMPLETE SECTION BELOW

Scholarship request for: _____RK Camp _____Mini Camp _____Acting _____Art _____Other

please include exact class/dates _____

STATE AMOUNT OF MONEY THAT FAMILY CAN AFFORD TO PAY (this line must be filled in to be considered) _____

I certify that the above information is accurate to the best of my knowledge

Signature of Parent or Guardian

Send completed form along with most recent Federal Income Tax Form to:

Community School of the Arts
141 East Main Street
Riverhead, New York 11901

Your application will be reviewed. You will be notified of date/time for audition or interview.