



SCHOLARSHIP APPLICATION

Date _____
NAME (of scholarship applicant) _____
AGE _____ DATE OF BIRTH _____/_____/_____
EMAIL (print clearly) _____
MAILING ADDRESS _____
TOWN _____ STATE _____ ZIP _____
TELEPHONE (daytime) _____ (evening) _____
OCCUPATION (for adult students) _____

A copy of your most recent Federal Tax Return or other proof of family income must be enclosed for consideration of a scholarship

MOTHER'S NAME _____ OCCUPATION _____

FATHER'S NAME _____ OCCUPATION _____

MARITAL STATUS Single Married Widowed Divorced Separated Other

NUMBER OF CHILDREN IN FAMILY _____ AGE(S) _____

NUMBER OF CHILDREN IN COLLEGE _____ ANNUAL COMBINED FAMILY INCOME \$ _____

PRIVATE INSTRUCTION SCHOLARSHIP, COMPLETE SECTION BELOW

INSTRUMENT _____ EXPERIENCE LEVEL _____

STATE AMOUNT FAMILY CAN AFFORD PER LESSON (must be filled in to be considered) \$ _____

WOULD YOU LIKE TO BE CONSIDERED FOR THE NY STATE COUNCIL ON THE ARTS MINORITY SCHOLARSHIP?
Yes No

CAMP AND GROUP CLASS SCHOLARSHIP, COMPLETE SECTION BELOW

Scholarship request for: Summer Camp Visual Art Theatre/Acting Music Other

Please list exact camp/class name and dates _____

STATE TOTAL AMOUNT FAMILY CAN AFFORD TO PAY (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 Date _____

**Send completed form along with most recent Federal Income Tax Form to:
EAST END ARTS SCHOOL, 141 East Main Street, Riverhead, New York 11901**

Your application will be reviewed. If there is additional information not reflected in your income tax return that you would like considered (i.e. childcare, medical/special circumstances etc.) please include a brief letter with application. In case of audition or interview you will be notified. For questions, concerns or updates, please email education@eastendarts.org or call 631-369-2171.