



Pelham Art Center

155 Fifth Avenue Pelham, NY 10803 tel: 914.738.2525 fax: 914.738.2686 www.pelhamartcenter.org

Scholarship Application

Please read below before filling out the form. Thank you.

- Scholarships are based on financial need.
- All information on this application is confidential.
- One scholarship per term per student is allowed. Please apply as soon as possible.
- If the application is incomplete, you will be notified.
- Also complete and send us a registration form for the class you are applying for.
- To allow more people to receive scholarships, we only provide partial scholarships and require all students must pay at least 25% of the fees. This can be paid in installments.
- If you need assistance completing this form, please contact the Art Center.

Name _____ Age (if child) _____

Parent/ Guardian name (if applicable) _____

Full Mailing Address _____

Telephone 1 _____ Telephone 2: _____ email: _____

Why are you requesting a scholarship? _____

Have you ever received a scholarship from Pelham Art Center? Yes _____ No _____

What term are you applying for? Fall _____ Spring _____ Summer _____

List the class/workshop you would like to attend:

1st choice _____ Day/Time _____

2nd choice _____ Day/Time _____

HOUSEHOLD INFORMATION

We must verify your household income, please send us one copy of one of the following:

- This or last year's federal income tax form (do not send W-2's, worksheets or schedules)
- Current AFDC, unemployment, disability or SSI income statements

Is this household headed by one adult? Yes _____ No _____

Total number of children in household _____ Total number of other dependant adults _____

We award no more than 75% of the fee, can you afford more than 25% of the fee? If yes, what amount can you pay? _____

Please fill out the second page of this application , thank you

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By signing this application you will certify that the information provided is true and correct.

Signature _____

Date _____

The scholarship program at Pelham Art Center receives support from many grants. We thank these funders:

Town of Pelham, Westchester Arts Council, through county government, New York State Council on the Arts, a state agency, New York state Department of Education, through Senator Jeff Klein, Robin's Art+ Giving and Annual Fund Donors.

Many of the funders would like information about those who receive these scholarships.

You are not required to fill out this part of the application. This will not effect whether you receive a scholarship. If you are willing to provide this information, we thank you.

Are you a veteran of the US armed services? Yes _____ No _____

Are you a Senior Citizen? Yes _____ No _____

Do you have a physical disability? Yes _____ No _____

What is the ethnic heritage of the person applying for the scholarship?

Check as many as apply.

_____ Asian/Pacific Islander

_____ European

_____ African

_____ Hispanic or Latino

_____ East Indian

_____ Native American

_____ Other, please list _____

Thank you for your assistance!

July 2008

For Office Use Only:

Date received _____

In book _____

Income verification _____

Amount of scholarship _____

Fee Due _____

Fee Paid _____