



Brooklyn Arts Exchange Summer Arts Program SCHOLARSHIP APPLICATION

General Information:

Date of Application: _____

Parent or Guardian Name(s): _____

Student's Name: _____ Entering Grade: _____ Date of Birth: _____ / _____ / _____

Address: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email : _____

School Student Attends: _____ Grade: _____

Please check the weeks you wish to register for

Week 1 Lights! Video! Action! (Jumping Tomatoes) Creative Circus (Hot Tomales), 7/6-7/9 _____

Week 2 Creative Circus (Jumping Tomatoes) Lights! Video! Action! (Hot Tomales), 7/12-7/16 _____

Week 3 Tumble Moves, 7/19-7/23 _____

Week 4 Gotta Sing! Gotta Dance!, 7/26-7/30 _____

Week 5 Curtains Up!, 8/2-8/6 _____

Week 6 Puppet Parade 8/9-8/13 _____

Full Tuition of weeks requested: \$ _____. (Tuition per week is \$345, or \$1,708 for the full

Scholarship Amount Request:

I am applying for:

Maximum Stipend (\$250) _____.

Partial Stipend (10-25% award, only available for students registered in 3 or fewer weeks.) _____.

General Financial Information: (Information is for office use only and will be kept confidential.)

Place of employment :(Parents and/or Guardians) _____

Employer's Address: _____ Phone: _____

Household salary:(weekly or yearly) _____ Other income (weekly or yearly): _____

Number of children/dependants living at a home: _____

What do you spend on other activities? (for example; Swimming, martial arts, etc.) _____

Please detail other circumstances. (for example disability, unemployment, other outside expenses) _____

Statement of Availability/Skills:

Are you available to assist BAX in any way? Special Skills? _____

_____ Bake sales _____ Mailings _____ Flyering _____ Maintenance

I am usually available _____ (daytime, evenings, weekends, etc.)