



Art and Beyond

YOUTH CLASS

SCHOLARSHIP APPLICATION



Applications must be dropped off at Visual Expressions or Postmarked by
May 26, 2017 5 Day Summer Art Program

Youth's Name: _____	Parent/Guardian Name: _____
Parent/Guardian Home Phone: _____	Cell Phone: _____
Mailing Address: _____	
City/State/Zip: _____	Email: _____

Youth's Age: 5 - 10 or 11 - 17 **Birthdate:** _____ **Gender:** Male Female

Name of youth's school: _____

Name of youth's current art teacher (if applicable): _____

Has your youth ever taken a art class: YES NO **if yes, where?** _____

Has your youth ever received a scholarship from Art and Beyond: YES NO

If yes, please give us the date of that scholarship: _____

How did you hear about Art and Beyond and the scholarship program? _____

Please list below class, date, & time for which you are applying. (Indicate your top choice as #1)

1. Class	Dates:	Time:	\$	\$140.00
2. Class	Dates:	Time:	\$	\$140.00
3. Class	Dates:	Time:	\$	\$140.00

Number of people in household: _____ **Total household annual income:** _____

**Each student will be required to fill out a class survey upon completion.
Failure to complete class without approval will eliminate you from future scholarships.
Scholarships are on a first come first serve basis.**

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

Signature

Date

For office use only

Email, Mail, or Fax your application to:
Scholarship Committee/Youth Class

Art and Beyond Ph: 972-299-9940
409 Daniel Lane Fax: 972-293-6505
Cedar Hill, TX 75104 Email: artandbeyond@yahoo.com

Date received: _____
Date reviewed: _____
Accepted: _____
Which session: _____
Notified: _____