Art and Beyond

YOUTH CLASS

SCHOLARSHIP APPLICATION

Applications must be dropped off at Visaul Expressions or Postmarked by

Jan. 13, 2017 After School 9wks 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 **Birthday:** _____ **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 circle class, date, & time for which you are applying.

1.Class 9 Week Program	**Dates:Wed. Jan. 25-Mar. 29, 2017 Time: 2:00pm-5pm**	**$**	$250.00
2.Class 9 Week Program	**Dates:Thurs. Jan. 26-Mar. 30, 2017 Time: 2:00pm-5pm**	**$**	$250.00

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

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**

For office use only

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