

Scholarship Application Clay Art Center

Clay Art Center's mission is to encourage the growth of the ceramic arts for its' artists, students, and the local community.

Each scholarship award will be equal to the amount of one children's class fee, and includes all materials and firing. If the scholarship is granted, the child is expected to attend **all** classes.

Financial information supplied here will be held in the strictest of confidence



Please contact Ariel Plantz at (914) 937-2047 x240,
or via e-mail at communityarts@clayartcenter.org
with any questions about this application or our youth programs.

1. Contact Information

Child's Name:		Birth Date: / /	
Parent Name(s):			
Address:			
City:	State:	Zip:	
Home Phone:		Cell Phone:	
Email Address:			
Which class is your child interested in:			
<input type="checkbox"/> Sculpture class (ages 6-9)		<input type="checkbox"/> Pottery Wheel Class (ages 10-12)	
Check <u>ALL</u> days that your child is available:			
<input type="checkbox"/> Monday after school		<input type="checkbox"/> Thursday after school	
<input type="checkbox"/> Saturday morning		<input type="checkbox"/> Sunday morning	

2. Family Income Information

Parent's Employed Position:			
Combined Income:	<input type="checkbox"/> Less than \$10,000	How many people depend on this income: _____	
	<input type="checkbox"/> \$10,000 - \$20,000		
	<input type="checkbox"/> \$21,000 - \$30,000		
	<input type="checkbox"/> \$31,000 - \$40,000		
	<input type="checkbox"/> \$41,000 - \$50,000		
	<input type="checkbox"/> \$51,000 and over		

3. Clay & Art Interests

Please tell us about your child's interest in clay or other art:

Has your child taken art classes outside of school? If yes, where?:

Yes _____

No

Why do you want your child to take a clay class at the Clay Art Center?:

How did you hear about the Clay Art Center:

Agreement & Signature

By submitting this application, I affirm that the facts in it are true and complete. I understand that if my child is accepted, any false statements, omissions, or other misrepresentations made by me on this application may result in the discontinuation of the scholarship. I also grant permission to use photographs of my minor child in print or online materials designed for news, informational or educational purposes related to Clay Art Center.

Parent's Signature: _____

Date: _____

Mail application to:
Clay Art Center
40 Beech Street, Port Chester, NY 10573