



# Scholarship Application Form

**Art Institute Scholarship Fund, Steven A. Parascandola Art Scholarship, & James Agnew Memorial Scholarship Fund**

Mill Street Loft • 45 Pershing Ave., Poughkeepsie, NY 12601  
(845) 471-7477 • Fax 471-7507

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Can we reach you at work?  Yes  No Telephone Number \_\_\_\_\_

## Parent Information

Mother/Guardian \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Salary per year \_\_\_\_\_ Employer \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Salary per year \_\_\_\_\_ Employer \_\_\_\_\_

## Please list the names of two teacher references

Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Phone \_\_\_\_\_

Will the applicant have transportation to the Art Institute?  yes  no

Has the applicant ever attended the Art Institute before?  yes  no When? \_\_\_\_\_

Has the applicant ever received a scholarship to the Art Institute before?  yes  no When? \_\_\_\_\_

Explain why you feel you, the applicant, should receive a this scholarship or sponsorship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant received a recommendation from a MSL or the Art Institute staff member?  yes  no

Name of staff member: \_\_\_\_\_

(over)

Please list the Names and Ages of any brothers or sisters living at home: \_\_\_\_\_

Are you eligible for ADC funds from the Department of Social Services?  yes  no

Are you currently receiving unemployment insurance?  yes  no

Are you currently receiving child support?  yes  no

For which class(es) are you applying? \_\_\_\_\_

Mill Street Loft makes every effort to give as many scholarships as possible. By being able to pay a partial tuition, you can make it possible for more teens to attend The Art Institute.

Please specify total amount you are able to pay towards tuition: \_\_\_\_\_

Does your teen have any physical disabilities, learning disabilities, or special needs that we should be aware of?

If so, please explain: \_\_\_\_\_

What are the applicant's aspirations in art: \_\_\_\_\_

Are you or your parent willing to preform work study tasks?  yes  no If yes, please specifiy what days and hours you would be available: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please attach at least one reccomendation NOT from a family member and any relative samples of recent work.

*Students selected for sponsorship and/or scholarship may have their photo, art, and story used for fundraising and promotional purposes. Special appearances for award presentation may be required.*

**OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)**

Week(s) awarded: \_\_\_\_\_ Amount parent can pay: \$ \_\_\_\_\_

Amount parent paid: \$ \_\_\_\_\_ Cash/Check #: \_\_\_\_\_

**AMOUNT OF SCHOLARSHIP FUNDS AWARDED: \$ \_\_\_\_\_**

**SPONSOR: \_\_\_\_\_**