



Poughkeepsie Youth Challenge Application Form

Mill Street Loft • 45 Pershing Ave., Poughkeepsie, NY 12601
845.471.7477 • Fax 471.7507

STUDENT INFORMATION (to be completed by student)

First Name _____ Last Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____

Ethnicity/Race _____ Date of Birth _____

Phone (H) _____ Phone (C) _____

E-mail Address _____ Language(s) you speak _____

What language(s) are spoken at home? _____

Would you like to attend college or trade school? yes no

How many people in your family have graduated college? _____

Do your parents want or expect you to go to college? yes no

What activities do you and your family do together? _____

Describe two qualities you like best about yourself.

a. _____

b. _____

Describe two things you dislike about yourself.

a. _____

b. _____

Name someone in your life to whom you feel closest and discuss (3) reasons this relationship is especially meaningful to you.



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STUDENT CONTINUED (to be completed by student)

Is there a benefit to attending college? yes no

If so, what are these benefits?

How do these benefits apply to your personal life?

If you could have a career in art, what would it be (think big!)? _____

What would prevent you from achieving this career?

If you could change anything about your life, what would it be?

What do you most enjoy about your life and what do you want to remain the same?

How will you utilize that aspect of your life in a career in the arts?



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HOME (to be completed by student)

Who lives in your house (for example mom, dad, # of brothers, sisters, aunt, grandfather, etc.)?

What are the names and ages of your siblings (brothers/sisters)?

How many times have you moved in the last 5 years? _____ Why did you move? _____

What was that like for you? _____

What are some skills/talents you would like to develop? _____

We all have obstacles in our lives. What obstacles in *your* life would you like to overcome?

What is success? How will you know your life has been successful ten years from now? _____

Have you ever held a job? yes no If yes, what was it? _____

What are your responsibilities at home? _____

Which do you prefer, working as part of a team or working on your own? Why? _____

What social groups, churches, organizations or clubs do you and your family attend?



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SCHOOL (to be completed by student)

What grade are you in? _____ What school do you attend? _____

Are you currently in ESL classes? yes no Have you been in ESL? yes no If yes, how many years? _____

What is your favorite subject in school? _____

What is your least favorite subject in school? _____

Have you ever been in an after school program before? yes no If yes, which one(s)?

Please list the names of two teacher references

Name _____ School _____ Phone _____

Name _____ School _____ Phone _____

Have you received a referral from a Mill Street Loft or Art Institute staff person? yes no

Name of staff member: _____

Why are you interested in the "Poughkeepsie Youth Challenge" program? _____

How did you hear about "Poughkeepsie Youth Challenge"? _____

Why should you be accepted as a student in the Poughkeepsie Youth Challenge?

Student Signature _____ Date _____

Please attach the following:

1. A letter from an adult (NOT a relative) recommending you for this program and giving us the reasons you would be a good candidate.
2. 10 samples of your recent art 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.



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PARENT INFORMATION (to be completed by parent)

Parent/Guardian _____ Phone (H): _____ (W): _____

Salary per year _____ Employer _____

Parent/Guardian _____ Phone (H): _____ (W): _____

Salary per year _____ Employer _____

First parent's highest level of education in school: _____

Second parent's highest level of education in school: _____

Is your family eligible for financial assistance from the Department of Social Services? yes no

Is either guardian currently unemployed? yes no

Does the student applicant get free lunch in school? yes no

Will the applicant have transportation to the program? yes no

Does your family receive child support? yes no If yes, what is the monthly amount? _____

Does the applicant have any physical, learning, or special needs that we should be aware of? yes no

(please note that students are never rejected based on special needs)

What social groups, churches, organizations or clubs do you and your family attend?

I understand that the Poughkeepsie Youth Challenge requires a commitment from my family to attend case management sessions a minimum of once per month. These sessions are scheduled to ensure my child's success in the program and my family's support of my child's work.

Parent/Guardian Signature _____

Date _____

(Please attach a copy of your latest tax return and pay stubs for all adults living in the home or providing support for this student. All information is confidential and is used to verify financial need.)