



## **CREATIVE YORK SCHOLARSHIP APPLICATION**

Creative York offers scholarship opportunities to people of all ages who demonstrate a financial need and an interest in the arts. No matter your background, experience, race, ethnicity, or gender identity, you are welcome to apply for financial assistance to attend a class, workshop, or camp held at Creative York or facilitated by Creative York.

For questions and to submit this form please reach out by email to Director of Education Amber Wiesberg at [amber@creativeyork.org](mailto:amber@creativeyork.org) or drop the form off at the gallery desk.

### **I. Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **II. Financial Information of Applicant or Parent/Guardian of Applicant**

Total number of people in the household \_\_\_\_ Number of children under 18 in the household \_\_\_\_

#### **Total Household Annual Gross Income**

\_\_\_\_\_ Below \$25,000

\_\_\_\_\_ \$25,001-\$40,000

\_\_\_\_\_ \$40,001-\$50,000

\_\_\_\_\_ \$50,001-\$60,000

\_\_\_\_\_ \$60,001 or above (Please state amount) \$ \_\_\_\_\_

Please provide a W2 for the previous year or a recent paystub for verification.



**Place of Employment and Occupation**

Parent/Guardian 1 (or self if age 18 or older): \_\_\_\_\_

Parent/Guardian 2 (if applicable): \_\_\_\_\_

**III. Registration Information**

Please answer the following:

What class, workshop, or camp are you interested in taking?

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Why are you interested in this class, workshop, or camp?

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Are you (the student) able to commit to the full time the class requires? \_\_\_\_ Yes \_\_\_\_ No

Percentage of scholarship discount requested (please check one): \_\_\_\_25%\_\_50%\_\_75%\_\_100%

All of the above information is true and accurate to the best of my knowledge \_\_\_\_\_ (Initial)

\_\_\_\_\_  
Signature of Applicant or Parent/Guardian

\_\_\_\_\_  
Date