

**K12 Gallery for Young People
Scholarship Form/Audition info
Summer Art Camp 2011**

Parent's or
Guardian's
Name _____

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____

Student's Name (s) _____

Grade Level: K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
(circle one)

School: _____

Scholarship week(s) preference: 1 2 3 4 5 6 7 8

*to be filled out by Kelly Sexton:

*Week of Scholarship: 1 2 3 4 5 6 7 8
(circle)

*This scholarship is good for _____ week(s) of art camp at _____%off.

*Authorizing
Signature: _____

Annual Income of parents/guardian with whom the child is living. Please include all sources of income, i.e. salary, child support, alimony, ADC, etc. Attach a proof of financial status, such as paycheck stub, welfare check stub, copy of tax return, etc. (application will not be considered if missing this information). \$ _____ year.

How many people are supported on this income? _____. Please give

