



VisArts Summer Camp Scholarship Application

Student Information

Student's Name: _____
 Date of Birth: _____
 Grade: _____ Sex: Male _____ Female _____
 Address: _____

Parent/Guardian #1 Information

Name: _____
 Address: _____

 Phone Number: _____
 E-mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone Number: _____

Parent/Guardian #2 Information

Name: _____
 Address: _____

 Phone Number: _____
 E-mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone Number: _____

Please list all other dependents:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____



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Total Number of Dependents: _____
 Adjusted Gross Income for Parent/Guardian #1: _____
 Adjusted Gross Income for Parent/Guardian #2: _____
 Total Combined Adjusted Gross Income: _____

Your adjusted gross income can be found on the following IRS forms: 1040 line 37
 1040 line 47 & 52
 1040 EZ line 11
 Telefile K (2)

Please fill out the table below as detailed as possible with the camp you are interested in.

Camp Name	Session(s) / Week(s)	Dates	Cost per Camp	# of Students	=	Total
					=	
					=	
					=	
					=	
					=	
					=	
					=	
					=	
					=	
					=	

I declare that the above information is true and correct to the best of my knowledge.

Parent/Guardian #1: _____
Signature Date

Parent/Guardian #2: _____
Signature Date