



DEPARTMENT OF CULTURAL AFFAIRS

SCHOLARSHIP APPLICATION

Deadline: Friday, May 13, 2016

Children ages 5 - 12 may qualify for a limited number of partial camp scholarships for one week at the City of Savannah's Department of Cultural Affairs Art Camp. Priority will be given to children who reside within the city limits of Savannah.

To process your application, please attach the following:

- proof that student is eligible for free or reduced lunch.
- copy of last year's tax return
- copies of the last two pay stubs
- Referral from an art teacher, counselor, principal, etc.

All information provided on this form is confidential and is used solely to determine eligibility.

Student Name: _____ M/F (circle one) Ethnicity (optional) _____
Age: _____ DOB: _____ School Attending _____
Parent/Guardian's Name: _____
Address: _____ Apt.# _____
City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____
Camp Week Preference _____
1st choice _____ 2nd choice _____ 3rd choice _____

Are you a full time student? _____ If yes, where? _____
Are you married: _____ Is your spouse a full time student? _____ If yes, where? _____
Number of People Living in the Household _____
Has your child received a camp scholarship in the past? Yes/No (circle one) If yes, when? _____

Employment Information

Employer _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Length of Employment: _____
Part-time: _____ Full-time: _____

Spouse's Employer _____ Work Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Position: _____ Length of Employment: _____
Part-time: _____ Full-time: _____

Household monthly income (after taxes) \$ _____
social security, welfare, food stamps, child support, alimony, other \$ _____
Total Gross Income \$ _____

Are there any other financial circumstances to be considered? If yes, explain: _____

Family Contribution: \$ _____

I certify that all of the above information contained in this application is correct. I understand that this information is given to receive assistance to allow my child to participate in the City of Savannah, Department of Cultural Affairs Summer Art Camp. I understand that the City may verify this information and that any information found to be false will disqualify this application.

Signature of Parent/Legal Guardian _____ Date _____



DEPARTMENT OF CULTURAL AFFAIRS

Summer ART CAMP
REFERRAL

Parent/Guardian: Please have an adult that is not related to your family fill out this required portion.

Examples: Art teacher, counselor, principal, etc.

All information provided on this form is confidential and is used solely to determine eligibility.

Student Name: _____ School Attending _____

Reference's Name: _____ Phone #: _____

Organization: _____ Address: _____

City: _____ State: _____ Zip: _____

Please describe the scholarship applicant: _____

Why do you feel this student would benefit from our programs? _____

Has this child participated in other arts classes or programs? _____

What types of art programs does this child enjoy? _____

Are there any concerns we should know about this student: _____

Referral Signature

Date

Please complete and return this application to:

City of Savannah, Department of Cultural Affairs
Attn: Debra Zumstein
9 West Henry Street
Savannah, GA 31401