

art league of LONG ISLAND

107 East Deer Park Road, Dix Hills, NY 11746
(631) 462-5400 – info@artleagueli.org - www.artleagueli.org

Scholarship Application

Date: _____

I would like to be considered for a scholarship for the following class:

Semester/Year	Course #	Course Name
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Student Information:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone #: _____ Email: _____

If applying for a child (under 18): Child's Age: _____

Name and Relationship to Child: _____

Reason you feel you are eligible for financial assistance?

Number of people in household: _____ Is applicant head of household: _____

Marital Status: M ____ D ____ S ____ Total Household Income*: _____

* Household income: Applicant must provide last two years tax returns and current SSI or Disability Award letter if applicable.

Would you be willing to volunteer and work for the Art League in exchange for Scholarship? (*Adult applicants only*) Yes ____ No ____

If yes please list availability: _____

Skills: _____

(Continued on other side)

Please answer the following questions:

Why do you want this Scholarship? (include information regarding financial need)

How will this Scholarship benefit you?

How do you plan to apply what you will learn?
