



(845) 512-8270
info@strawtownstudio.org
640 North Midland Ave.
Nyack, NY 10960

Program Scholarship Form

A scholarship fund may be available to assist families with limited financial resources who wish to send children to a Strawtown Program. Please complete the following information and return along with the registration form to: Strawtown, 640 North Midland Ave. Nyack, NY 10960 or info@strawtownstudio.org. If you have any questions, please call (845) 512-8279. All information is confidential.

FAMILY BACKGROUND INFORMATION:

Child's Name: Age: Birthdate:

Parent / Guardian (1):
Address:
Home Phone: Work Phone: Cell Phone:
Email Address:
Employment Status (Current): full-time employed part-time employed unemployed
Place of Employment:
Address: Position:

Parent / Guardian (2):
Address:
Home Phone: Work Phone: Cell Phone:
Email Address:
Employment Status (Current): full-time employed part-time employed unemployed
Place of Employment:
Address: Position:

FINANCIAL INFORMATION:

ANNUAL INCOME: Gross annual income incl. all members of household
Salary/Earnings \$
Alimony and Child Support \$
Workers' Compensation/Unemployment/Disability \$
Interest, Dividends, Rental, Annuities, Insurance \$
Social Security and/or Pension \$
Financial Support from Relatives \$
Other (specify) \$
Total Household Income \$
Number of persons in household:

PROGRAM:

Please mark which program you are applying for:
Summer Discovery Days
After School
School Break
Other (write in)

Please write why you would like your child to attend Strawtown and how she/he is a good candidate for a scholarship. (Continue on the back if more space is needed).

I understand that this form is for consideration and does not guarantee financial assistance. I certify that the information provided on this application is complete and true.

Parent / Guardian Signature

Date