



Art and Beyond

# YOUTH CLASS

SCHOLARSHIP APPLICATION



Texas  
Commission  
on the Arts

Applications must be dropped off at Visual Expressions or Postmarked by  
**May 25, 2018 5 Day Summer Art Program**

Youth's Name: _____	Parent/Guardian Name: _____
Parent/Guardian Home Phone: _____	Cell Phone: _____
Mailing Address: _____	
City/State/Zip: _____	Email: _____

Youth's Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Gender: Male Female

Name of youth's school: \_\_\_\_\_

Name of youth's current art teacher (if applicable): \_\_\_\_\_

Has your youth ever taken a art class: YES NO if yes, where? \_\_\_\_\_

Has your youth ever received a scholarship from Art and Beyond: YES NO

If yes, please give us the date of that scholarship: \_\_\_\_\_

How did you hear about Art and Beyond and the scholarship program? \_\_\_\_\_

Please list below class, date, & time for which you are applying. (Indicate your top choice as #1)

1. Class	Dates:	Time:	\$	\$140.00
2. Class	Dates:	Time:	\$	\$140.00
3. Class	Dates:	Time:	\$	\$140.00

Number of people in household: \_\_\_\_\_ Total household annual income: \_\_\_\_\_

**Each student will be required to fill out a class survey upon completion.  
Failure to complete class without approval will eliminate you from future scholarships.  
Scholarships are on a first come first serve basis.**

I certify that the above information is accurate to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For office use only*

Email, Mail, or Fax your application to:  
Scholarship Committee/Youth Class

Art and Beyond Ph: 972-299-9940  
409 Daniel Lane Fax: 972-293-6505  
Cedar Hill, TX 75104 Email: artandbeyond@yahoo.com

Date received: \_\_\_\_\_  
Date reviewed: \_\_\_\_\_  
Accepted: \_\_\_\_\_  
Which session: \_\_\_\_\_  
Notified: \_\_\_\_\_