



Career Art Path
2023 SCHOLARSHIP APPLICATION

Student's Name: _____

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____

Grade Completed _____ at _____ school.

Does your family qualify for Free or Reduced lunches through the LCPS? _____

Has your child participated in Arts Council educational programs before? _____

If so, what program? _____

How did you hear about the camp? _____

If I am accepted as a scholarship recipient for the Career Art Path program, I promise to participate every day for the two-week program.

Student's Signature

Date

Parent/Guardian's Signature

Date

A limited number of **partial** scholarships are available. Scholarships will be awarded on a first come, first served basis. Because of limited funds, we cannot guarantee that all applicants will be awarded scholarships. For questions, please contact 523-6403 or manager@DAArts.org.