



Art Lab, Inc., *The Art School at Snug Harbor* 1000 Richmond Terrace, # 1-10, Staten Island, New York 10301  
Voice: 718-447-8667 Fax: 718-447-8668 E-mail: [info@artlabsi.org](mailto:info@artlabsi.org) Web: [www.artlabsi.org](http://www.artlabsi.org)

ART LAB SCHOLARSHIP APPLICATION

**Applicant Information (Please Print)**

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Parent/Guardian Information if required(Please Print)**

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone  
(HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

The applicant should complete the follow statement. Children under the age of 7 may have help from their parent/guardian. Use the back of this form if more space is needed. **Please provide 3 samples of work - copies are acceptable. Work cannot be returned.**

I need a scholarship to Art Lab for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(use back of paper if you need more space)

I have received an Art Lab Scholarship before? Y \_\_\_\_\_ N \_\_\_\_\_

Date/Semester \_\_\_\_\_

**My family income is**

_____ 0 - \$10,000	_____ \$30,000 - \$50,000
_____ \$10,000 - \$20,000	_____ \$50,000 - \$100,000
_____ \$20,000 - \$30,000	_____ over \$100,000

**Committee Use:** \_\_\_\_\_

Scholarship Awarded: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, what type:

\_\_\_\_\_ Chait \_\_\_\_\_ Pate \_\_\_\_\_ Patron \_\_\_\_\_ Directors \_\_\_\_\_ Zaage

\_\_\_\_\_ Other (explain) \_\_\_\_\_

Date Awarded \_\_\_\_\_

Date Redeemed \_\_\_\_\_

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_