



DIRECTOR'S SCHOLARSHIP APPLICATION

215 West 57th Street, New York, NY 10019
212-247-4510
theartstudentsleague.org

The Director's Scholarship was established to assist artists who demonstrate financial need and artistic promise. The scholarship covers the cost of one full-time or part-time class for one school year from September through May. The cash value of the class is not subject to taxes.

REQUIREMENTS

- Complete application must be signed and returned to the Scholarship Manager.
- The personal statement and plan of study are important parts of the application. Please provide details of what you hope to accomplish attending classes at The League.
- A copy of the latest 1040 Federal Tax Statement (non-US residents must attach a detailed financial statement). Please black out any reference to your Social Security/Taxpayer Identification Number.
- Students are required to submit a new application each year.

APPLICATION DEADLINE AND PROCEDURE

- Applications are accepted throughout the year.
- An interview may be scheduled after all materials have been received.

PERSONAL INFORMATION

<i>Required information. Please print clearly in ink.</i>			Student ID #		
Last Name		First Name		Middle Initial	
Current Address / Number and Street				Apt. Number	
City			State		Zip Code
Mobile Telephone			Home or Work Telephone		
E-Mail Address					

APPLICATION CHECKLIST

PERSONAL STATEMENT & PLAN OF STUDY

On the following page, please state your reasons for applying for a Director's Scholarship and provide your plan of study.

FINANCIAL INFORMATION

- On Page 3, please list all source(s) of income including sponsorships, temporary or full-time work, spousal or parental support, government assistance, grants, scholarships, trusts, etc.
- Attach a copy of your most recent Federal Income Tax Statement
Please black out any reference to your Social Security/Taxpayer Identification Number.

I certify that the information provided in my application is complete and correct.

(Signature)

(Please print name)

(Date)



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NAME: _____



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NAME: _____