



Child Scholarship Application Form

Please submit completed application to:
OCAC Scholarship Committee c/o Ocean City Arts Center
1735 Simpson Avenue, Community Center, 2nd Floor, Ocean City, NJ 08226
www.oceancityartscenter.org
Email: info@oceancityartscenter.org Phone: 609.399.7628

About: The Ocean City Arts Center offers a variety of year-round classes, camps, and workshops for children of all ages. Full and partial tuition waiver scholarships are available for students who demonstrate artistic merit, a desire to enhance their art education, and financial need. Applications are accepted on a rolling, first-come first-serve basis.

Instructions: This application is to be completed and signed by the student's parent or guardian. If a teacher is recommending the student based on merit and/or need, please have teacher complete the appropriate section.

Student Name: _____

Student Age: _____ Student Grade: _____

Student School: _____

Does the student qualify for the free or reduced school lunch program? (circle one) Yes No

If you circled "No" above, please briefly summarize financial need for a tuition waiver scholarship:

A tuition waiver scholarship is requested for the following class, camp, workshop (please choose from course catalog):

Anything else you would like the scholarship committee to consider:

Parent/guardian name: _____

Parent/guardian contact phone number: _____

Parent/guardian email address: _____

I, _____, am the parent/guardian of the student artist listed on this scholarship application form. By signing this application, I swear or affirm that the information contained in this application is truthful and accurate. I understand that if my child is awarded a scholarship, it is my obligation to ensure my child attends the scheduled classes.

Parent/guardian signature: _____ Date: _____

If student is being recommended by a teacher, this section is to be completed by the teacher:

Teacher Name: _____ Teacher School: _____

Teacher contact phone number: _____

Teacher email address: _____

Teacher recommendation: _____

Teacher signature: _____ Date: _____