



## Scholarship Application

Parents As Primary Teachers (PAPT) is committed to presenting families with fun and accessible activities that enhance children’s academic success. The generosity of PAPT supporters allows us to make a limited number of scholarships available to meet the financial needs of families that qualify.

**Applications must be postmarked by July 6th.** Please, mail applications to: Parents As Primary Teachers, 198 Hancock Street, Brooklyn, NY 11216-2104.

**Please, submit documentation of one of the following to reflect your income status.** Please, do not include original documents, as they will not be returned. All information is confidential.

- Food Stamps
- Medicaid or Medicare
- NYCHA residency
- SSI
- Temporary Assistance
- Unemployment Insurance
- WIC
- 2017 tax filing(s) plus last 2 pay-stubs for each parent/guardian

Applying Parent’s/Guardian’s Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Neighborhood (i.e. Crown Heights): \_\_\_\_\_

Total annual household income: \_\_\_\_\_ Ethnic background(s): \_\_\_\_\_

List All Household Members – including applicant, other parent/guardian, children, and others

First Name	Last Name	Gender	Age	Relationship to Applicant

Please, add a checkmark next to the names of those interested in participating in Shake, Rattle & Roll.

Are any of your children currently enrolled in another arts program?  No  Yes, specify: \_\_\_\_\_

### TERMS OF AGREEMENT

I declare that the aforementioned statements and documentation are true and correct to the best of my knowledge. If requested, I will provide further substantiation of all facts, including current income. I agree to inform PAPT of any material change in my financial status and employment.

If awarded, I will take full advantage of the opportunity by attending, being punctual for, and being actively involved in the Shake, Rattle & Roll classes.

I understand that, by missing more than one class, I forfeit the scholarship.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_