



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 April 12th. 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
- 2011 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 will also spend time with my child(ren) exploring the museum’s exhibits on class days.

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

Applicant’s Signature: _____ Date: _____