



421 Fifth Avenue, Brooklyn, NY 11215
www.bax.org | 718.832.0018

Brooklyn Arts Exchange
arts and artists in progress

Scholarship Application

Today's Date: ___ / ___ / ___

BAX is committed to providing financial assistance for all our programs. You must reapply for financial assistance at the beginning of each trimester, with the exception of DPW and BAXco students who apply annually. Deadline for submitting a scholarship application is the first day of classes of the trimester for which you are applying. You must submit one form for EACH child.

Personal Information:

Child

Name _____ Gender: M F DOB ___ / ___ / ___

Child's School _____ Grade _____

Cell Phone (optional) _____ Email (optional) _____

Parent(s)/Guardian(s)

Name #1 _____

Address (street) _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Name #1 _____

Address (street) _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Enrollment:

Fall Winter Spring

Class #1 _____ Day _____ Time _____

Class #2 _____ Day _____ Time _____

Class #3 _____ Day _____ Time _____

DPW I DPW II DPW III BAXco (by audition only)

Scholarship Amount Request:

I am applying for a 25%, 40%, scholarship applied to full tuition amount.
The \$35 registration fee is waived for approved scholarship recipients.

General Financial Information:

(Information is for office use only and will be kept confidential.)

Parent/Guardian #1

Place of Employment: _____ **Position:** _____

Work Address: _____ **Work Phone:** _____

Salary: (specify yearly or weekly) _____

Other income: _____

Parent/Guardian #2

Place of Employment: _____ **Position:** _____

Work Address: _____ **Work Phone:** _____

Salary: (specify yearly or weekly) _____

Other income: _____

Number of children/dependents living at home: _____

What other activities does your child participate in? _____

What do you typically spend on these activities? (specify yearly or weekly) _____

Please detail other circumstances which are contributing to your financial need at this time.

We often call on scholarship families to help us in a variety of ways such as bake sales, mailings, flyering, maintenance, etc.

What special skills do you have? _____

When are you available to help? weekdays evenings weekends (check all that apply)

*You may submit this form by dropping it off at BAX reception, mailing it to us at **421 Fifth Avenue, Brooklyn, NY 11215** or faxing it to us at **718-832-9189**.*

You will receive an email with the status of your scholarship request by the end of the first trimester week if we are able to honor your scholarship request.

*Please call **718-832-0018** with any questions.*

For office use only:

Date received: _____

Initial: _____

Date processed: _____

Initial: _____