

Scholarship Application

Spaces are reserved in every course for participants who demonstrate financial need. We encourage everyone to seek the support that will allow them to participate in Media Arts Lab programs.

This form must be submitted with the registration form a minimum of two weeks before the course begins.

Online: mediaartslab.org • Mail: Registrar, Media Arts Lab, 405 Manville Rd., Pleasantville, NY 10570
Fax: 914.773.0762 • Call: 914.773.7663, ext. 8

Please complete one form per person.

Participant _____

Parents/Guardians (if participant is under 18) _____

Desired program title and number _____

.....
Total family gross annual income _____

For verification, please provide one of the following for each wage earner in household:

- Most recent tax return
- Paycheck stub
- Social Security, pensions, or retirement benefit letters
- Unemployment, disability, or worker's compensation letter
- Welfare benefit letter
- Child support or alimony agreement or copies of check
- If no income, letter of explanation

Please also include two letters from non-relatives (e.g. teacher, neighbor, family friend, clergy member), each stating how he/she knows the applicant and for how long, and why he/she thinks the applicant would benefit from this program.

.....
I certify that all information on this application is true and that all income is reported.
I understand that the Jacob Burns Film Center/Media Arts Lab has the right to verify the information.

Parent/Guardian Signature _____ Date _____

Privacy Statement: For Jacob Burns Film Center/Media Arts Lab use only.
All information is confidential and will not be shared with any outside organizations or persons.