



# Suffolk Center for Cultural Arts

## Student Scholarship Application

If you are requesting financial assistance, please complete the information below and deliver before May 20, 2024.

Hand deliver, mail, or send to:

**Suffolk Center for Cultural Arts**  
**ATTENTION: Ishta Hurtado Suarez, Education and Community Outreach Manager**  
**C/O Student Educational Scholarship Committee**  
**110 West Finney Avenue**  
**Suffolk, Virginia 23434**

**Email: [ishta.hurtado@suffolkcenter.org](mailto:ishta.hurtado@suffolkcenter.org)**

### **Section A**

*(This section should be completed by a parent or guardian.)*

This Application is for **one** of the following camps. Each applicant can only be awarded one full or partial scholarship to one specific Summer Camp. Please do not submit multiple applications for scholarship consideration.

- |   |                      |
|---|----------------------|
| <input type="checkbox"/> Art Camp                                     | June 17 – 21, 2024   |
| <input type="checkbox"/> Storytelling and Movement Camp <b>(NEW!)</b> | June 24 – 28, 2024   |
| <input type="checkbox"/> Theater Camp                                 | August 5 – 9, 2024   |
| <input type="checkbox"/> STEAM Camp                                   | August 12 – 16, 2024 |

*Full and partial scholarships will be awarded.*

### **PLEASE PRINT CLEARLY**

Child's Name (FIRST, LAST): \_\_\_\_\_

Gender: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

Name of Home Room Teacher: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_, Virginia Zip Code: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Address of Parent or Guardian (if different from above): \_\_\_\_\_

City: \_\_\_\_\_, Virginia Zip Code: \_\_\_\_\_



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BEST Telephone Number: \_\_\_\_\_

BEST Email Address: \_\_\_\_\_@\_\_\_\_\_.com

YES NO Without scholarship assistance, my child would not have the financial means to attend a Summer Camp at the Suffolk Center for Cultural Arts. If awarded a scholarship, my child will be able to attend a Summer Camp at Suffolk Center for Cultural Arts.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

*Decisions made by the Scholarship Committee are final and scholarships are not transferrable.  
Parents will be notified of scholarship awards on or around May 25, 2022*

### **Section B**

*(This section is to be completed by the student, in their own words. If the student is not able to complete this section, the parent is asked to record their child's response in the space provided.)*

State goals, desire to pursue the artistic area of choice, and what makes the applicant qualified to accept the scholarship. Should the child wish to respond to this inquiry using their Chromebook, please attach their response to this application. Thank you!

\_\_\_ My child wrote their response    \_\_\_ I transcribed my child's response

My Name: \_\_\_\_\_

Tell us why you want to attend Summer \_\_\_\_\_ Camp at the Suffolk Center. Be sure to give us many reasons as possible and in your best handwriting!

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