



## ***Summer on the Block* Scholarship Application** **Summer 2011**

Some scholarships are available for *Summer on the Block*. Please note that:

- Recipients must be 18 or under and residents of New London County.
- Scholarship applications must be received by June 1, 2011 with the camp application.
- Full or partial scholarships are awarded based on need, and availability. Preference is given to past program participants with a track record for outstanding character and behavior.
- Scholarship Donors may specify preference or eligibility for scholarships.
- All Scholarship applicants must complete fundraising activities (program ad sales; t-shirt sales; dvd sales) to defray costs and supplement scholarships

### **Instructions**

Carefully follow the procedure detailed in the registration packet. Complete the registration form as well as this scholarship request form. Use separate forms for each student. Return by June 1, to: 446 Colman Street, New London, CT 06320. Questions: [writersblock2@gmail.com](mailto:writersblock2@gmail.com); [www.writersblockink.org](http://www.writersblockink.org) 860.44.BLOCK. (442.5625)

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**Student:** please include a description of your writing and/or performance experience and what you hope to learn and contribute to the *Summer on the Block* Program. If you have attended in the past, please mention how The Writers Block has affected you creatively and personally, and why you'd like to return (min. 500 Words). Use back of form or additional paper if necessary.

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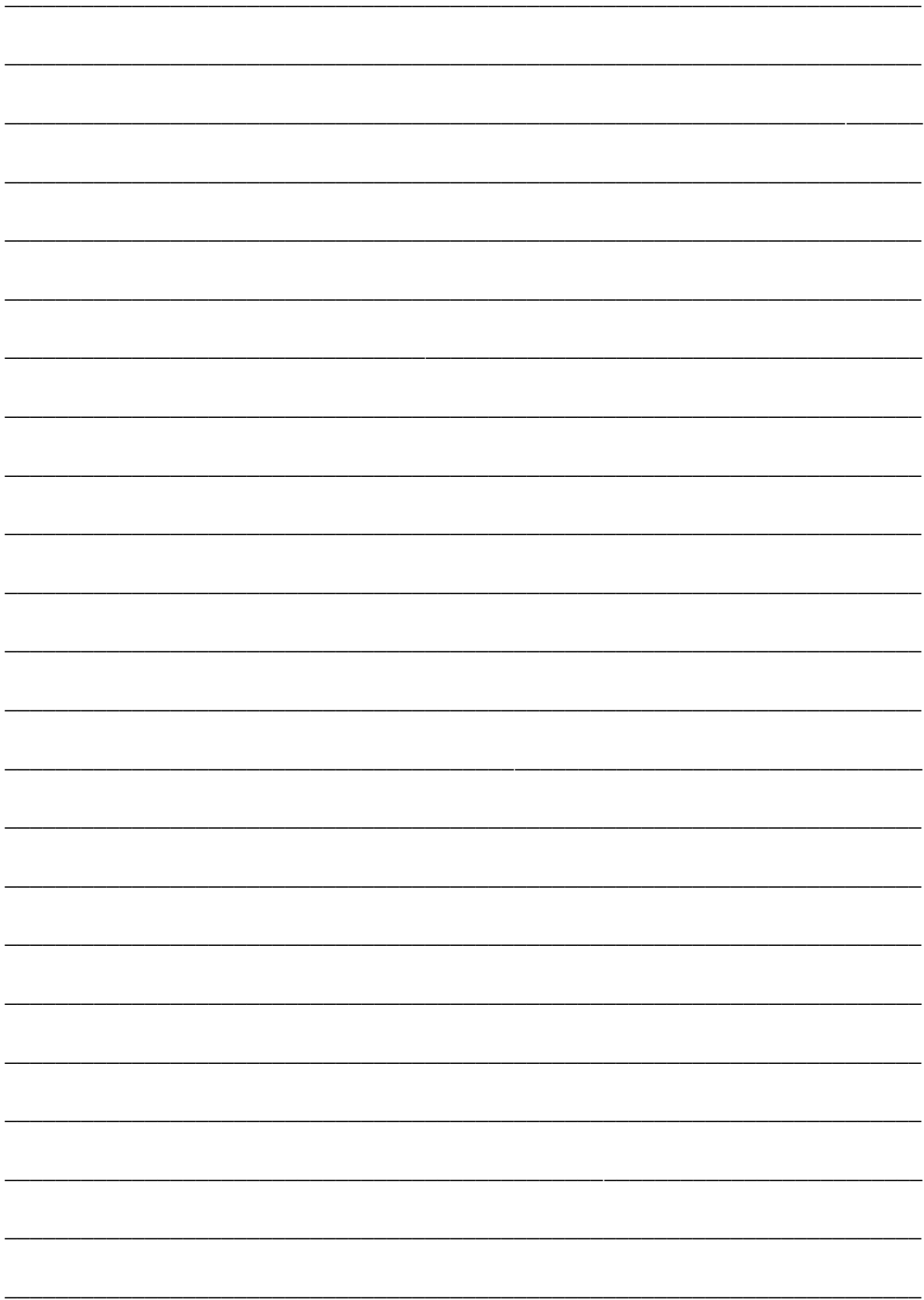
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# ***Summer on the Block Camp Scholarship Application***

446 Colman Street, New London, CT 06320.

Questions: [writersblock2@gmail.com](mailto:writersblock2@gmail.com); [www.writersblockink.org](http://www.writersblockink.org) 860.44.BLOCK. (442.5625)

Name of Student: \_\_\_\_\_

Name of Parent /Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Date of Birth: (MM/DD/YY) \_\_\_\_\_ Grade Completed (6/07) \_\_\_\_\_

Student & Guardian e-mails: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Areas of Interest: (Circle only 2)

Rap	Playwriting	Acting	Singing	Drawing	Music Production
		Dance	Set Design	Crew	

Household gross income in 2010 (Check One):

Please provide a copy of your family's most recent tax return form 1040.

<input type="checkbox"/> Less than \$30,000	<input type="checkbox"/> \$40,000 - \$50,000	<input type="checkbox"/> \$60,000 - \$75,000
<input type="checkbox"/> \$30,000 - \$40,000	<input type="checkbox"/> \$50,000 - \$60,000	# of Children in Family _____

Any other factors you would like us to consider: \_\_\_\_\_

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By signing below, I affirm that the information I have provided is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_