

# Students 4 Art Summer Arts Program

Each day, an opportunity to experience something new

*Limited enrollment - sign up early!*



Available to all South Country School district residents.

*Students entering 1st thru 12th grade (in age appropriate groupings)*

Monday, July 29th – Friday, August 2nd from 9am - 3pm at Bellport HS.

For more information, e-mail [students4art@gmail.com](mailto:students4art@gmail.com) or call 631-730-2108

*Students 4 Art is pleased to provide a limited number of scholarships,*

to students of the South Country Central School District,

to apply visit [www.scefonline.org](http://www.scefonline.org), Students 4 Art,

or speak with an art teacher in your school.

STUDENTS 4 ART IS A COMMITTEE OF THE SOUTH COUNTRY EDUCATION FOUNDATION, INC.

## *Students 4 Art Summer Arts Program*

Child's Name	Present Grade	School
Parent/Guardian Name	Address	
Home Phone	Work Phone	
E-mail Address	Signature	

One application per child, cost: \$250. Mail application to: Students 4 Art, c/o Suzette Emma Fandale, Bellport High School, 205 Beaverdam Road, Brookhaven, NY 11719. Make checks payable to SCEF.

# Art Scholarship Application 2019

*Students 4 Art, South Country Education Foundation, Inc.*

## Summer Art Program, *The Experience of Art*

The Students 4 Art Committee of the South Country Education Foundation is offering summer art scholarships for students of the South Country School District from grades 1-12. Selected students will be entitled to participate in the Students 4 Art one-week summer art program, The Experience of Art.

If interested, please complete the application below and return it by **Friday, May 17**, to Students 4 Art c/o Suzette Emma Fandale (see address below). **Transportation to and from the program is not provided.** Selections will be made by members of the Students 4 Art committee. Scholarship winners will be notified by early June.

**GOOD LUCK!**

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***Please mail this application by Friday, May 17, to Students 4 Art, c/o Suzette Emma Fandale, Bellport High School, 205 Beaverdam Road, Brookhaven, NY 11719.***

Student Name \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Mailing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

***Please have your child write a short paragraph discussing his/her interest in the summer arts program.***

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