



SCHOLARSHIP APPLICATION
SYBARITE PRODUCTIONS
ARTIST DEVELOPMENT CENTER

Name: _____

DOB: _____ **Age:** _____

Gender: _____

Parent or Guardian Name

(if under 18 yrs. of age): _____

Address: _____

Phone Number(s): _____

Interest of Study (*circle one or more*) **and number of years of experience in each:**

Dance _____ **Fine Art** _____ **Video** _____

Theatre _____ **Photography** _____ **Music** _____

Other: _____

School Grade or Grades Successfully completed:_____

Grade Point Average:_____

(Please attach transcripts and most recent report card)

SAT scores or date of scheduled SAT exam (if applicable):

Number of Children in the home:_____

Number of Adults in the home:_____

Annual Household Income

(please circle one and attach proof of income):

\$30,000 or below

\$31-40,000

\$41-50,000

\$51,000 or above

Scholarship Amount Seeking: _____

(max is \$7,200 for 6 month period at 4 classes a day)

Essay Question

(Please attach answer. Not to exceed 2, double spaced, typed pages).

Please explain:

Why you are interested in attending Sybarite Artist Development Center?

Why do you feel that you deserve a Scholarship?

What are your plans for the next 5 years?

*(This section is encouraged to be written in present tense. For example:
"I am 17 yrs old and I am graduating high school with a full scholarship*

to NYU majoring in Art History. I am 18 yrs. old and I am the lead on NYU's dance team...)

Are you (*please circle one*):

Submitting a DVD of my work, no longer than 2 min.

Willing to schedule an audition.

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