## F.A.M. (Family Art Magic) Scholarship Application

Scholarships for F.A.M. (Family Art Magic) are available for families with children ages 4–6 on a first-come, first-served basis. Please email your completed application to youth.family@brooklynmuseum.org. You will receive an email to confirm whether or not you have been awarded a scholarship.

We are requestin	ng a scholarship for:				
(Check one)	Fall semester	Winter semester	Spring semester		
(Check one)	Entire semester	Single day (write in date): _			
Child's name: _					
Age:		Date of birth:			
Street address: _					
Oity:		State:	Zip code:		
School:					
Parent/Guardian's name (print please):					
Main phone:					
Emergency phone:					
Email (required):					
Please tell us briefly why you and your child would like to participate in this program:					

## MUS/

To be completed by Parent/G	uardian of applicant	
Your family type (check all the	hat apply):	
Two-parent househo	ld	
Single parent		
Guardian		
Other		
Number of people in househo	ıld:	
Total income for household in	the previous year:	
Does your household receive	e any public benefits? (check	all that apply):
None		
Social Security		
Temporary Assistance for Needy Families (TANF)		
Food Stamps		
Unemployment		
Other		
Are there unusual circumsta	ances that have affected your	financial situation during the past year? (check all that apply):
Loss of job	•	
Recent separation/d	ivorce	
Illness, injury, or other	er medical issues	
Change in family living	ng status	
Change in work statu	IS	
Bankruptcy		
Death in the family		
Income and/or child	support reduction	
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Is there anything else you w	buid like us to know?	

## **Brooklyn Museum**

**Financial Information Form** 

Parent/Guardian signature: \_\_\_\_\_