

ASAP
P.O. Box 15
Washington Depot, CT 06794
asap@afterschoolartsprogram.org
860-868-0740

Grant Request Information

ONLY STUDENTS IN GRADES 9-11 ARE ELIGIBLE

PROPOSALS MUST BE RECEIVED ON OR BEFORE March 5, 2012.

(Please note that we have extended the normal deadline by one week, therefore no applications will be accepted after March 5, 2012, no exceptions.)

PLEASE NOTE

- 1. Proposals are acknowledged within 1 week of receipt.**
- 2. Fill out the entire application and send by regular mail to the ASAP address.**
- 3. All semi-finalists are interviewed prior to final determination of grant awards.**
- 4. Grant awards are made by April 2, 2012.**
- 5. The interview process will include a demonstration of your work.**
- 6. No more than one award is allowed per family.**
- 7. All grant recipients are required to give a presentation about his or her experience at the ASAP Summer Grant Program Presentation in September at the WAA (Washington Art Association).**
- 8. Awards will not be released without written confirmation of enrollment from the organization/program recipients plan to attend.**
- 9. Please include 5 copies of your application for committee members.**

ASAP Summer Study Grant Application

ASAP, P.O. Box 15, Washington Depot, CT 06794, asap@afterschoolartsprogram.org, 860-868-0740

PERSONAL DATA:

Legal Name: _____ Birth Date: _____
(Last) (First) (Middle)

Permanent Home Address: _____
(Number and Street)

(Town) (State) (Zip Code)

Home Telephone: (____) _____ - _____ E-mail: _____

If different from above, please give your mailing address for all correspondence:

Mailing Address: _____
(Number and Street, or P.O. Box)

(Town) (State) (Zip Code)

Telephone at Mailing Address: (____) _____ - _____ Use Until: _____
(Date)

FAMILY:

Mother's Full Name: _____

Home address if different from yours: _____

Occupation: _____

Father's Full Name: _____

Home address if different from yours: _____

Occupation: _____

Please check if parents are _____ separated _____ divorced _____ other

Total Family Income. Please check one:

_____ Under \$25,000 _____ \$45,000 – \$65,000 _____ \$85,000 – \$105,000

_____ \$25,000 – \$45,000 _____ \$65,000 – \$85,000 _____ over \$105,000

Please give the names and ages of any siblings. Please note if any are presently attending or will be attending college in 2012-2013: _____

EDUCATIONAL DATA:

School You Attend Now: _____ Date of Entry: _____

School Address: _____

Current Grade: _____ Date of Secondary Graduation: _____

Guidance Counselor's Name: _____

School Telephone Number: _____

List of all other secondary schools, including summer schools and programs you have attended beginning with the ninth grade.

Name of School	Location (City, State, Zip)	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

ON A SEPARATE SHEET (a maximum of two pages) PLEASE PROVIDE THE INFORMATION REQUESTED BELOW, NUMBERING YOUR RESPONSES IN THE ORDER LISTED. Please use 12-point, Times New Roman font and format your document to have 1-inch margins and single-spaced paragraphs.

EXTRACURRICULAR AND PERSONAL ACTIVITIES:

1. Briefly discuss an artist (visual, dancer, musician, writer) or piece of art (visual, music, literature or a performance piece), that has been an inspiration to you.
2. Please list your principal extracurricular, community, family activities, hobbies, and work experience in the order of importance to you. Include the number of years and the amount of time devoted to each activity.
3. Please list the ASAP programs, if any, in which you have participated with the dates.
4. Please describe the program, internship or school that you wish to attend this summer. How do you think this program will benefit you? Please include name, address, telephone, e-mail, dates and cost. Please include a photocopy of your application if you have it completed.

At the time of this application have you applied to any other grant/scholarship programs or are you planning to? If yes, please list the name(s) of the grant/scholarship program(s) and the amount that you have applied for.

Are there any other factors you think the committee should know when considering your application?

Do you or your parents have the means to help if you are given only a partial scholarship?

My signature below indicates that all information in my application is complete, factually correct and honestly presented.

Signature: _____ Date: _____

ASAP Summer Grant Program Waiver

In consideration for being permitted to participate in a program of the After School Arts Program, Inc. (“ASAP”), I _____ (Participant) on this date hereby agree as follows:

I hereby voluntarily request and agree to participate in the ASAP Summer Study Grant program.

This agreement shall be legally binding upon me, my heirs, estate, and assigns. This agreement shall be interpreted according to the laws of the State of Connecticut. The terms “I,” “me,” and “my” shall herein refer to the above PARTICIPANT.

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this program.

I agree that should medical treatment be required, I and/or my own accidental/medical insurance company shall pay for all such incurred expenses and deductibles.

I agree that in consideration of being allowed to participate in this ASAP program, in addition to the payment of any fee or charge, I, and on behalf of my heirs, administrators and personal representatives, do agree to hold harmless, release, and discharge ASAP and its officers, agents, employees, representatives, independent contractors, and all others from all claims, demands, causes of action, and legal liability. I shall not bring any claims, demands, legal actions, or causes of action against ASAP or its officers, agents, employees, representatives, independent contractors, and all others for any economic and non-economic losses sustained by me while participating in this ASAP program, including any injury or damages caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my participation in any program of ASAP.

I agree that if any portion of this agreement is held invalid, the remainder will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in the State of Connecticut. I affirm that I freely sign this agreement. I have read this form and fully understand that by signing this form, I am giving up all legal rights and/or remedies which may be available to me for the ordinary negligence of ASAP.

WE, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, AND RELEASE AND ASSUMPTION OF RISK.

PARTICIPANT

DATE

PARTICIPANT’S PARENT OR GUARDIAN
(IF PARTICIPANT IS MINOR AT TIME OF PARTICATION)

DATE

PARTICIPANT’S AGE (IF MINOR): _____