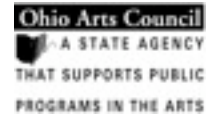




**Perrysburg Area Arts Council**  
 134 W. South Boundary, Ste. T • Perrysburg, OH 43551  
 419-873-ARTS (2787) • Fax: 419-931-9399  
 www.perrysburgarts.org • perrysburgarts@bex.net



**Marti Zallocco  
 Youth Arts Summer Scholarship  
 2011 Application**

Requirements and information:

- Resident of Perrysburg (City or Township)
- Age 12-18
- Interest and dedication to the arts: Visual Art, Music, Theatre, Literary Arts
- Financial Need

Amount: \$50- \$200

Deadline: June 20, 2011

Notification: by June 30, 2011

Please complete the application and return it to the address above by May 15, 2011. For more information, contact us at [perrysburgarts@bex.net](mailto:perrysburgarts@bex.net), or (419) 873-2787, Tuesdays or Thursdays, noon – 5:00 pm.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Arts Interest: \_\_\_\_\_

Family Size: \_\_\_\_\_ Family Gross Income: \_\_\_\_\_

Have you ever applied for a PAAC Scholarship? \_\_\_\_\_

Have you ever received a PAAC scholarship? If yes, what year? \_\_\_\_\_

Describe the program you wish to attend. Attach a cover letter expressing your need, desire, skills and talents. Please include an acceptance letter and application, including fee information. Please also include a brochure about the event if available.

Name of Program \_\_\_\_\_ Cost of program: \_\_\_\_\_

Amount of other financial aid/scholarships received for this program: \_\_\_\_\_

Name, address and phone number of provider.

\_\_\_\_\_  
 \_\_\_\_\_

(The scholarship will be made payable to this individual or organization, i.e. Toledo Museum of Art, Show Choir Camp, etc.)

Student's signature

Parent/Guardian Signature