



# ARTS ALIVE SUMMER ARTS CAMP 2023 - Scholarship Application



A week-long art camp for children ages 5 through 14. Held at West Point Schools.

**\*\*Submitting an application does not guarantee acceptance\*\***

Presented by Arts Alive and West Point Public Schools

**Monday, June 26 - Friday, June 30th, 2023**

Class descriptions and teacher information will be available May 1st. Those accepted for the scholarships will be notified to choose their classes once all information is finalized.

DUE BY APRIL 12TH.

#### Application Requirements:

- Families with income at or below 150% of Federal Poverty Guidelines

Household Size	150% of HHS Poverty Guidelines*	200% of HHS Poverty Guidelines*
1	\$20,385	\$27,180
2	\$27,465	\$36,620
3	\$34,545	\$46,060
4	\$41,625	\$55,500

- Submit 200 word minimum essay, 5-min video, or a drawing/painting/collage explaining how the Summer Arts Camp scholarship will benefit you/your child.
- Will need the following attachments:
  - Copy of Photo ID
  - Copy of Income

**\* Registration and permissions form on back \***

Please complete a separate form for each child and return no later than **April 12th**.

Arts Alive regrets that we cannot offer a refund. You may get someone to fill the vacated spot. We reserve the right to cancel a class if minimum enrollments are not met. Notification of cancellation will be made by phone or email at which time students will be offered the option of another class, space permitting, or a full refund.



**Class descriptions and teacher information available at  
[www.artsaliveinc.org/summer-camps](http://www.artsaliveinc.org/summer-camps) or by calling 804-843-3475**

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: (street, city, state, zip) \_\_\_\_\_

As of 6/26/23: Age: \_\_\_\_\_ Last grade completed: \_\_\_\_\_ School: \_\_\_\_\_

Custodial Parent(s) names: \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address: \_\_\_\_\_

County of residence: \_\_\_\_\_ Parent/Grandparent interested in volunteering? Yes \_\_\_ No \_\_\_

Does a parent, grandparent, or legal guardian live in New Kent, King William, King and Queen, or West Point?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name and relationship: \_\_\_\_\_

How did you hear about the Arts Alive Summer Arts Camp? \_\_\_\_\_

Please list at least one emergency contact: Name \_\_\_\_\_ Cell \_\_\_\_\_

Person other than parents authorized to pick up child: Name \_\_\_\_\_ Cell \_\_\_\_\_

List any chronic illnesses, allergies, or other concerns to be aware of: \_\_\_\_\_

I hereby give consent for any photos or videos taken of myself or my child, while engaged in activities at Arts Alive's Summer Arts Camp, to be used in promotional materials.

I give permission for my child to participate in all activities of the Arts Alive Summer Arts Camp. I understand that all attempts will be made to notify parents/guardians of any serious injury or sudden illness. However, if I cannot be reached, I hereby give permission for my child to have proper treatment administered, including hospitalization, anesthesia, and/or surgery. This authorization shall only apply for the dates of this camp.

Parent's name (please print) \_\_\_\_\_

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

## PARTICIPANT RELEASE WAIVER

The Arts Alive Board of Directors shall not be held responsible for any injury or loss of property suffered by any individual while participating in Arts Alive activities, camps, and/or programs. The participant/or guardian acknowledges the potential adverse health effects of contracting the COVID-19 virus. The participant/or guardian agrees, acknowledges, and understands that although Arts Alive has sanitized and cleaned the facilities prior to scheduled activity, Arts Alive makes no representations or warranties concerning the effectiveness of their cleaning with regard to the COVID19 virus.

It is the responsibility of the participant/or guardian to be aware of the guidelines set forth by the state and federal laws applying to the COVID-19. The participant/or guardian acknowledges that it is their responsibility to comply with state/federal law guidelines and that the County shall not be responsible for anyone contracting COVID-19.

UNDER NO CIRCUMSTANCES SHALL ARTS ALIVE, ITS BOARD MEMBERS, DIRECTORS, EMPLOYEES OR VOLUNTEERS BE LIABLE TO THE PARTICIPANT/OR GUARDIAN, OR ANY VISITORS, INVITEES, OR OTHER INDIVIDUALS FOR ANY INJURIES OR DAMAGES INCLUDING BUT NOT LIMITED TO DIRECT, INDIRECT, CONSEQUENTIAL, SPECIAL, INCIDENTAL, PUNITIVE, EXEMPLARY OR ANY OTHER DAMAGES OF ANY KIND.

THE PARTICIPANT/OR GUARDIAN HEREBY AGREES TO INDEMNIFY ARTS ALIVE AND ITS BOARD MEMBERS, DIRECTORS, EMPLOYEES AND VOLUNTEERS AND SAVE THEM HARMLESS FROM ANY LOSS, DAMAGE, OR EXPENSE OF ANY KIND ARISING FROM OR ALLEGEDLY ARISING FROM ANY CLAIM, DEMAND OR LAWSUIT, OR OTHER LEGAL PROCEEDING, FROM ANY PARTICIPANT USE OF THE FACILITY AND THE COVID-19 VIRUS.

Participant's Name: \_\_\_\_\_

Parent/Guardian Print: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_