



Artistic Dreams Foundation Application

Date:

Applicant Name: _____ Age: _____

Address: _____

Mother/Guardian Name: _____ Phone Number:()

Email: _____

Father/Guardian Name: _____ Phone Number:()

★ Type of Assistance requested:

★ Why does applicant need assistance:

Referred by (Agency, Individual): Name: _____ Phone Number:()

Referred by (Agency, Individual): Name: _____ Phone Number:()

Performance Experience

Briefly describe your goals/dreams

Parent/Guardian Signature: _____ Date: _____

Please include two letters of recommendations.

FOR OFFICE USE ONLY

Date received: _____ Date reviewed: _____ Date notified: _____