Garrison Art Center

Request for financial assistance

Date: _____

Name of applicant: _____ Age (if child): _____

Parent name (if applicable): _____

Address: _____City _____ Zip_____

Phone: home _____ cell _____

Email: _____

Which class/workshop/program are you requesting financial assistance for?

Title:_____Fee:_____

Briefly describe why you are requesting financial assistance (or you may attach a separate letter).

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed _____Date _____

Please provide all information and send to: Garrison Art Center
PO Box 4
Garrison, New York 10524
Attention: Dolores Strebel, Associate Director

dolores@garrisonartcenter.org 845-424-3960 garrisonartcenter.org