

BlackRock Center for the Arts Scholarship Registration Form

Mail or deliver (10 a.m. – 5 p.m., Mon – Fri) to:
BlackRock Center for the Arts, 12901 Town Commons Drive, Germantown MD 20874 or fax to: 301.528.2266

Student's Name: _____

Student's Date of Birth (if under 18): _____ Age (if under 18): _____ Grade _____

Address: _____

City, State, Zip Code: _____

Home Phone: _____ Work Phone: _____ E-mail Address: _____

Parent/Guardian (if under 18): _____ Relationship: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone Number(s): _____

Course Title _____ Course # _____ Day/Time _____ Tuition: _____

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Please remember to attach a copy of your Montgomery County Recreation Department receipt to this form.

Subtotal Tuition _____

-80% scholarship discount _____

Total Enclosed _____

Payment Method:

Check #: _____ Amount: \$ _____ Payable to BlackRock Center for the Arts Cash: \$ _____

Circle One: Visa / MasterCard / AmEx / Discover Number: _____ Exp. date _____

Name on card: _____ Signature: _____

NO REFUNDS WILL BE ISSUED AFTER THE DATE OF THE FIRST CLASS MEETING.

Please read the following and review BlackRock's Policies as your signature indicates your agreement:

While BlackRock Center for the Arts and its instructors make every effort to provide a safe learning environment, I understand that there is always the risk of an accident. I will be responsible for any medical or other costs incurred resulting from illness and/or claims or damages arising out of personal injury of any kind. In the event of any medical emergency, I authorize BlackRock Center for the Arts to administer first aid and/or to seek emergency medical treatment for myself/my child.

Signature _____

Date: _____

(student over 18 or parent/guardian)

Signing and submitting a registration form and payment of class fees implies acceptance of ALL policies as stated.

In order for us to offer your family and others in the community the continued opportunity to participate in the arts at BRCA regardless of their financial situation, we ask that you write a letter to be received by BRCA no later than 30 days following the conclusion of any class, workshop or camp for which you have received a scholarship, describing the experience at BRCA. We would also ask that you be available to participate in a brief survey up to 5 years following the scholarship period. This information may be shared with supporting foundations or others. Please initial below if you agree or do not agree to these terms.

_____ Agree _____ Do not agree

How did you hear about us? _____ Family/Friend _____ Newspaper (name of publication) _____
_____ Internet _____ Other (please specify) _____