

Scholarship Application For Youth Art Classes

WORCESTER ART MUSEUM

Students awarded scholarships are placed into age-appropriate classes. Requests for specific sessions and classes cannot be guaranteed. The Museum reserves the right to cancel scholarships at any time for any reason.

Fall (Due Sept. 1)

Winter (Due Dec. 1)

Spring (Due Feb. 1)

Summer (Due May 1)

INSTRUCTIONS:

- Complete this application. Be sure to include current phone numbers and emergency contact information.
- Use one form for each student.
- Attach or submit a letter of referral for the applicant. This letter is valid for 1 year.
- Send completed application and referral letter to:

Education Department
Worcester Art Museum
55 Salisbury Street
Worcester, MA 01609-3196
FAX: 508-793-4414
Email: scholarship@worchesterart.org

For Office Use

Student Name: _____
Date Rcd: ____ Ref Ltr Rcd: ____ Ltr Sent: ____ Confr: ____
Session: _____ Day of Class: _____
Crs #: _____
Crs Name: _____
Bus: Y N Waitlist Bus Route: AM PM
Bus Stop: _____

Questions about youth scholarships? Contact Alexander Dunn at 508-799-4406 ext. 3014 or Suzanne Smith at ext. 3150.

STUDENT INFORMATION

First Name: _____ Middle Initial: ____ Last Name: _____

Gender: M F Age: ____ Date of Birth: ____/____/____ Primary Language Spoken At Home: _____

Grade in School: ____ Name of School: _____

Parent/Guardian Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____ Emergency Contact: _____

Please note any health, behavioral, mobility, or learning needs this student has _____

How did you hear about our scholarship program? _____

REFERRAL INFORMATION

Complete the information below and submit a letter of referral for the applicant by mail, e-mail, or fax. This letter may be written by a teacher, school principal, pastor, counselor or health care provider. A referral letter is valid for one year.

Name of person writing referral: _____ Position: _____

Name of School/Agency/Church: _____ Daytime Phone: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

E-Mail Address: _____ Date of Referral: _____

For more information about Youth Art Classes, go to www.worcesterart.org/Education or contact the Education Department at 508-793-4333 for a class current brochure.

CLASS AVAILABILITY

Please tell us the day of the week and times your child is available for classes. Due to the large number of qualified applicants, placement in a class cannot be guaranteed. Students who qualify but cannot be placed will be held until the following session. See the current class brochure or go to www.worcesterart.org/Education for more information and class times.

Fall/Winter/Spring (8 weeks)

Tuesday:
Wednesday:
Thursday:
Saturday: 10-12noon 12:30-2:30pm

Summer:

Session I: 10-12noon 12:30-2:30pm
Session II: 10-12noon 12:30-2:30pm
Aug. Workshops: 10-12noon 12:30-2:30pm

What is your child interested in learning at art classes? _____

SATURDAY/SUMMER BUS TRANSPORTATION

For Worcester residents, limited bus transportation is available on SATURDAYS ONLY during the Fall, Winter and Spring sessions and Mon-Fri during Summer Sessions I and II. Parents/Guardians are responsible for bringing their children to and from the bus stop and must be there 10 minutes early for pick up and drop off.

Yes, my child will need bus transportation for SATURDAY/SUMMER classes. Please indicate your preferred bus stop:

East Stops:

Lincoln Village Quinsigamond Comm. Ctr Girls Inc. Winthrop
 Girls Inc. Providence Gates Lane School Great Brook Valley Library
 Piedmont St/Mustard Seed Miranda's House/Sigourney St. Thorndyke School
 Greendale School Other location (if available): _____

West Stops:

Plumley Village/16 Laurel St. St. Peter's Church/929 S. Main Tatnuck Magnet School
 Friendly House/36 Wall Street Mill Swan School May Street School
 Chandler Community School Other location (if available): _____

If bus transportation cannot be provided for your child, would you be able to provide transportation? Yes No

FAMILY STATUS

Scholarships are awarded based on financial need. Please complete the following information:

Number of adults in household: _____ Number of children in household: _____

Total annual household income (check one):

Under \$10,000 \$10,001-\$19,999 \$20,000-\$29,999 over \$30,000: _____

Please indicate any special circumstances that you feel influence your financial situation:

PARENT/GUARDIAN SIGNATURE

This application must be signed by the student's parent or guardian and the application will not be processed without it.

I understand the terms of this scholarship application.

Name: _____ Date: _____

Scholarship applications are reviewed before each class session. Scholarships are not automatically renewed or transferable from session to session.