



Scholarship Application Form

Parent Last name _____ First _____

Participant Last name _____ First _____

Address _____ City _____

State _____ ZIP _____ Phone _____

Email _____

Select one or more from the following categories:

____ Male

____ Are you Hispanic or Latino?

____ American Indian/Alaska Native Asian Black/African American

____ Female

____ Native Hawaiian/Other Pacific Islander White Decline to state

In the past two years, have you or anyone in your household qualified for the “Free or Reduced Price Lunch Program” at your school?

____ Yes ____ No ____ Decline to state

2017 SUMMER ART CAMP (please list which workshop you are applying for a scholarship for:

Summer Art Camp 1:

Summer Art Camp 2:

Summer Art Camp 3:

Have you previously received an the Art Base scholarship? Yes/When

Gross annual household income: How much did your family earn last year? (required)

\$ _____

Number of family members in household _____

Below or on the back—please include a brief statement explaining your interest in and qualification for this scholarship. Applicants will be notified by email. Thank you.