



2020 Fall Program Scholarship Form

Thank you for your application. Priority will be given to applicants who return this form in person or email by September 25th. A second deadline is Oct 2nd, 2020.

Parent/Guardian Last Name _____ First Name _____
Participant Last Name _____ First Name _____
Address _____ City _____
State _____ Zip Code _____ Phone _____
Email Address: _____
Preferred Pronouns: _____

Select one or more of the following categories:

Male Are you Hispanic or Latino?
 Female American India / Alaska Native/ Asian / African American
 Other Native Hawaiian/Other Pacific Islander
 Decline to State White

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 ___

2020 Fall Art Program Choice: Please list which workshop you would like a scholarship for this summer. Depending on availability, you will be placed in one of your top three choices.

Fall Art Program 1: _____

Fall Art Program 2: _____

Fall Art Program 3: _____

Have you previously received an Art Base scholarship? Yes ___ When: _____

Gross annual household income: How much did your family earn last year? (Required) \$: _____

Number of family members in your household _____

Below or on the back, please include a brief statement explaining your interest in and qualification for this scholarship. **Applicants will be notified on a rolling basis. Thank you!**