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!