

Date: \_\_\_\_\_

# Scholarship Application

## STUDENT INFO (one student per application)

Student name: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

(if student is a minor or unable to advocate for themselves)

Street address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

(communication will be made mostly via email)

Accessibility accommodation requests: \_\_\_\_\_

Will the student have a Direct Support Professional or other type of caregiver present during class (not provided by the Delaplaine)? \_\_\_\_\_

## REFERENCE

This section is to be completed by an instructor, advisor, counselor, or any other person who can comment on your goal of taking an art class at the Delaplaine Arts Center. It is **highly preferred** that this section is completed.

Name of recommender: \_\_\_\_\_

Agency/organization/title: \_\_\_\_\_

Street address: \_\_\_\_\_

City, state, zip code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please describe how you are acquainted with the scholarship applicant and how you think this individual would benefit from taking an art class at the Delaplaine Arts Center.

\_\_\_\_\_  
\_\_\_\_\_

Recommender signature: \_\_\_\_\_

## COURSE SELECTION

Scholarships are available for all ages for regular semester courses, workshops, or summer camps. Please select first and second choices. Notifications will be made one week prior to the scheduled start of the class date.

1<sup>st</sup> choice class/workshop title and dates: \_\_\_\_\_

2<sup>nd</sup> choice class/workshop title and dates: \_\_\_\_\_