



## Scholarship Application

AVA offers scholarships to give interested individuals the opportunity to attend and participate in art classes.

### CRITERIA

- Scholarships are awarded to students based on financial need and a desire to participate, rather than ability. Financial need must be demonstrated as indicated on the application.
- Scholarships may be requested by a parent/guardian or sponsor. A sponsor may be a teacher, counselor, religious leader, youth worker, community professional or social worker. *NOTE: The sponsor is not responsible for any fees or costs associated with the program.*
- Scholarship applications for students who meet the criteria will be kept on file for up to one year. *All students should submit a new scholarship application annually.*

### INSTRUCTIONS

Be sure to fill out the scholarship application completely.

All applications must be signed by a parent or guardian, and must state benefit and financial need.

PLEASE PRINT. Incomplete applications will not be processed.

#### For Office Use Only

New Student _____	Returning _____
Name _____	
Date Rcvd _____	Ref Ltr _____
Class _____	Date _____
Class _____	Date _____
Class _____	Date _____
Class _____	Date _____
Class _____	Date _____
Notes _____	
_____	
_____	

#### Return Completed Application to:

AVA Community Art Center  
 PO Box 7145  
 509 West 2nd Street  
 Gillette, WY 82717  
 307/682-9133 (telephone)  
 307/682-0468 (fax)  
 email: info@avacenter.org  
 www.avacenter.org

Scholarship are accepted on an on-going basis.

### STUDENT INFORMATION

Student	Birth Date	Age
_____	_____	_____

School	Grade
_____	_____

Please note any health, behavioral, mobility, or learning needs this student has  
 What kinds of art classes would the student enjoy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the specific course name(s) student is interested in taking	Dates	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

## REFERRAL

Sponsor

Organization/School/Affiliation

Address

City

State

Zip

Phone

Email

Relationship to Student

How will the student benefit from participating in studio classes at AVA at this point in his/her life?

Sponsor Signature

Date

## FAMILY FINANCIAL INFORMATION

TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian

Address

City

State

Zip

Home Phone

Email

Work Phone

Cell Phone

PLEASE FILL IN COMPLETELY

Number of adults in the household

Total Annual Household Income

Number of children under 18 years in the household

- Under \$10,000
- \$10,000-\$11,999
- \$12,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$30,000
- Over \$30,000

Please indicate amount if over \$30,000/yr

Please indicate any special financial circumstances that influence your family's financial situation.

EMERGENCY CONTACT INFORMATION

Name

Phone

Parent/Guardian Signature

Date