STUDENT SCHOLARSHIP APPLICATION (PREK-12)



GUIDELINES FOR SUBMISSION:

- Must be a student 18 years of age or younger
- A limited number of scholarships are available. Submission of this application does not guarantee a scholarship.
- Approved scholarships cover 100% of the cost of FOUR classes or workshops over the course of the year after the aplication is approved.
- Applicant must provide a statement of need dictating the reason for application to this program.

If more students within the same household wish to apply for scholarships, please fill out the first page of the application for as many eligible students within the household. Pages two and three only need to be filled and submitted once per household.

Please allow up to five business days for processing. This scholarship may be applied to all youth (PreK-12) classes at the Art Center, but a new application must be submitted before every year for renewal of the scholarship.

Further questions may be sent to Rachel Roundtree, Director of Education, at rroundtree@quincyartcenter.org.

GENERAL INFORM	MATION					
Parent/Guardian N	ame(s):					
Student Name:			Pronouns:			
STUDENT AGE:	Student Grade:	School Attending:				
Address:						
Phone:		Емаіі:				
		C is always happy to accommodo	student? (allergies, mobility issues, etc. te a student's needs.)			

Is your participation in Art Center classes contingent upon receive	ving a scho	larship?	Yes	No		
Have you received a scholarship from The Art Center before?	YES	No				
PLEASE ANSWER THE FOLLOWING QUESTIONS; USE ADDITION CLASS NAMES:	IAL PAPER IF	NEEDED. YO	U MAY INCL	UDE SPECIFIC		
 Why do you want to take a class at The Art Center? What do you hope to learn from a class at The Art C How will you apply what you learned in the future? 	Center?					
Have you experienced a recent financial hardship? Please explain. (i.e. loss of work, death in the family, etc.)						

TERMS AND CONDITIONS:

I hereby certify that my student is 18 years of age or younger and that all information provided is correct and complete. I recognize that QAC will rely on that information. I will be responsible for the cost of any emergency medical care provided to me should QAC instructors or staff, in their judgment, call 911 on my behalf in the event of an emergency.

I understand that submission of this application does not automatically guarantee a scholarship. If my student does receive a scholarship, I also understand that they are to attend the registered class(es) for all days for the full time-period, unless notification of absence is submitted before the start of class, the class is canceled due to low enrollment, or other unforeseen events. I understand that an electronic signature is just as binding as a written signature.

PARENT/GUARDIAN SIGNATURE (ELECTRONIC OR PHYSICAL)

DATE

Please submit your completed application to Rachel Roundtree, Director of Education, at **rroundtree@quincyartcenter.org.** Thank you.

OFFICE USE ONLY

Date of Submission:			
CLASSES SCHOLARSHIP APPLIED TO:			
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DIRECTOR OF EDUCATION SIGNATURE (ELECTRONIC OR PHYSICAL)			Dате