



Huntsville Museum of Art

MUSEUM ACADEMY

VISUAL ARTS SCHOLARSHIP APPLICATION FOR YOUTH ART CLASSES

INSTRUCTIONS:

- Complete this application. Be sure to include current phone numbers and emergency contact information.
- Use one form for each student.
- Attach or submit a letter of recommendation for the applicant.
- **Send completed application and recommendation letter to:**

Huntsville Museum of Art

Attn: Museum Academy – Scholarships
 300 Church Street South, Huntsville, AL 35801
 FAX: 256.532.1743
 EMAIL: lsmith@hsvmuseum.org

2017 WINTER, SPRING, SUMMER, OR FALL QUARTER (Circle your preferred quarter.)

Winter (Due: December 16, 2016)

Spring (Due: February 17, 2017)

Summer (Due: May 12, 2017)

Fall (Due: September 8, 2017)

Students (ages 3 to 18) awarded scholarships to cover the cost of an art class fee.

Questions? Contact Laura E. Smith, Director of Education/Museum Academy at 256.535.4350 x222

NOTE: Only scholarship winner will be notified.

STUDENT INFORMATION

First Name _____ Middle Initial: _____ Last Name _____

Age/Grade _____ / _____ Date of Birth _____ / _____ / _____

Parent's/Guardian's Name _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

email _____ Emergency Contact: _____ Phone _____

Name of School _____

REFERRAL INFORMATION

Complete the information below and submit a letter of recommendation for the applicant by postal mail, fax or email. A teacher, school principal, religious leader, counselor, or health care provider may write this letter. A recommendation letter is valid for one year.

Name of person writing referral _____ Position _____

Name of School/Agency _____ Daytime Phone _____

Mailing Address _____ City _____ State: _____ Zip Code _____

email _____ Date of Referral _____

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For more information about **Youth Art Classes**, go to <http://hsvmuseum.org/museumacademy/> or contact the **Museum Academy** at 256.535.4350 x222 for a class schedule.

Present a brief profile of the student and why you feel he/she should receive a **Museum Academy Visual Arts Scholarship**. Scholarships are need and merit based. (Attach an additional page if more space is needed.)

How did you hear about our scholarship program? _____

Signature of Person Writing Referral _____ Date _____

PARENT/GUARDIAN SIGNATURE

The student's parent or guardian must sign the application. The application will not be processed without the signature.

Please read and sign. I understand that I will provide transportation to each class, and make every effort for my child to attend all class sessions.

I understand the terms of this scholarship application.

Parent's/Guardian's Signature _____ Date _____

Scholarship recipients are notified within two weeks of the Museum receiving the scholarship application. The applicants will be notified of their scholarship status via phone, mail, or email.

Scholarship applications are reviewed before each class quarter. Scholarships are not automatically renewed or transferable from session to session.

STAFF USE ONLY **New Student** **Returning Student**

Date Received: _____ by _____

Notes: _____

Date Notified: _____ by _____

Amount Awarded: _____ Class: _____

Student Response _____ Date _____