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 SW, Huntsville, AL 35801
FAX: 256.532.1743
EMAIL: lsmith@hsvmuseum.org

2021 WINTER, SPRING, SUMMER, OR FALL QUARTER (Circle your preferred quarter.)
Winter (Due: December 11, 2020)
Spring (Due: February 12, 2021)
Summer (Due: May 7, 2021)
Fall (Due: September 3, 2021)

Students (ages 3 to 18) awarded scholarships to cover the cost of an art class fee or half of art camp fee.
Questions? Contact Laura E. Smith, Director of Education/Museum Academy at 256.535.6372
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 __________________________

For more information about Youth Art Classes, go to hsvmuseum.org/academy/ or contact the Museum Academy at 256.535.6372 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 __________________