



# 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  
 EMAIL: lsmith@hsvmuseum.org

#### 2025 WINTER, SUMMER, OR FALL QUARTER (Circle your preferred quarter.)

**Winter** (Due: December 13, 2024)

**Summer** (Due: May 9, 2025)

**Fall** (Due: September 5, 2025)

Students (ages 4 to 18) awarded scholarships to cover the cost of an art class fee or 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 \_\_\_\_\_

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For more information about Youth Art Classes, go to [hsvmuseum.org/academy/](http://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.)

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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.*

<b>STAFF USE ONLY</b>	<input type="checkbox"/> <b>New Student</b>	<input type="checkbox"/> <b>Returning Student</b>
Date Received: _____ by _____		
Notes: _____ _____		
Date Notified: _____ by _____		
Amount Awarded: _____ Class: _____		
Student Response _____ Date _____		