ART-ventures SCHOLARSHIP APPLICATION

ART-ventures has a limited number of full and partial scholarships available. These are designed to ensure that children who could not otherwise attend an ART-ventures program will have the chance to do so. Scholarships are awarded based on need and interest in an art program.

To apply, please complete the below application.

Please attach a letter from the student explaining why he or she wants to attend ART-ventures (or, as age appropriate, a parent's summer of the child's comments) You may also include a picture of your student's artwork, although art experience is not required.

Scholarship applications will not be considered without this attachment.

Child's Name:							
DOB:	/_	_/	Gender:	Grade:			
Health Concerns:							
Parent Na	ıme(s): _				_		
Parent Em	nail(s):						
Telephon	e (H): ((C): ()_	(Other): (
Address:_							
City:				State:	Zip:		
School Na	ime and	City:					
Requestin	ıg (pleas	e choose one):					
		ortial Scholarship Ill Scholarship					
First choic	ce progra	m/date/location:					
Second ch	noice pro	gram/date/locatio	on:				
Have you before?	been aw	arded an ART-ver	ntures of Mad Scie	ence scholarship			
YesIf	yes, whe	n					

No _____

Annual Household Income:	Number of people in the household
Under \$20,000 \$20,000 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$60,000	Monthly Living Expenses:
Additional information on your financ	ial or other hardship circumstances:
I certify that the above information is	correct:
•	Date
Please return application and letter to):
	he materials to summerprograms@artventuresforkids.com or (depending on the season) with the subject line of
Address for regular mail applications: P.O. Box 51547	

Indian Orchard, MA 01151