

NEWPORT·ART·MUSEUM

Student Scholarship Form: Youth Application

Student Information:

Today's Date _____

Name: _____ Age _____

Address: _____ Male/Female _____

City & State: _____ Zip Code: _____ SS #: _____

Phone: _____ E-mail Address: _____

For Statistical Purposes Only, Please Circle One (Optional): African American Asian Caucasian Hispanic/Latino Native American Multi-Ethnic

Contact Information:

Parent/Guardian Name: _____

Parent/Guardian work phone: _____ Parent/Guardian cell phone: _____

Parent/Guardian email: _____

Parent/Guardian Address and home phone: same as above? () yes () no. If No:

Parent/Guardian Home Phone: _____

Parent/Guardian Address: _____

Street : _____ City: _____

State: _____ Zip Code: _____

Student Status:

Name of School: _____ Grade: _____

Name of Individual Providing Recommendation: _____

Role/Title: _____

Mailing Address: _____

Street: _____ City _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email Address: _____

Class Requested

First Choice:

Name of Class: _____ Instructor: _____

Dates of Class: _____ Day: _____ Time: _____ Total cost of class: \$ _____

Second Choice:

Name of Class: _____ Instructor: _____

Dates of Class: _____ Day: _____ Time: _____ Total cost of class: \$ _____

Third Choice:

Name of Class: _____ Instructor: _____

Dates of Class: _____ Day: _____ Time: _____ Total cost of class: \$ _____

* Include regular tuition (without early registration discount) and studio fees; members use member rate.

Amount of scholarship requested:

Scholarship funds are limited; please indicate if you can contribute towards the tuition amount.

___ **Requesting full scholarship**

___ **Requesting partial scholarship; amount that you can contribute: \$ _____**

Supporting documents:

Check off and enclose copies of the following documents. **Incomplete applications will not be processed.**

___ A brief statement written by the student (or parent if applicable) expressing the reasons why s/he wants to attend an art class at Newport Art Museum Coleman Center for Creative Studies.

___ A letter of recommendation from the student's teacher, counselor or social worker

___ A copy of your 2009 tax return or statement from a social services agency, housing authority or other related insitution verifying your income status

You may also include a sample of the student's artwork (optional)

I attest that the information provided on this form is true to the best of my knowledge.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____
