

## Scottsdale Artists' School – Youth Academy SCHOLARSHIP APPLICATION FORM

<b>Parent/Guardian</b>		<b>Youth Name</b>	
<b>Emergency Phone</b>		<b>Youth Birth Date</b>	
<b>Email</b>		<b>Youth School/Grade</b>	
<b>Address</b>		<b>Alternate Contact</b>	
<b>City, State, Zip</b>		<b>Alternate Phone</b>	

Please select the type of scholarship you would like to apply for...

**YOUTH ACADEMY SCHOLARSHIP**

or

**HIGH SCHOOL MERIT SCHOLARSHIP**

**General Scholarship or Need Based Scholarship**

*Scottsdale Artists' School believes that top quality art education should be accessible to everyone, especially youth. Applications are accepted throughout the year.*

**Youth Academy Scholarship application must be accompanied by the following:**

- Scholarship Application Form.
- Brief artist statement about the youth and his/her interest in visual art.
- Letter of recommendation from a family friend or teacher of the child
- If you are applying because of financial need, please include some brief information about the youth's situation.

**HIGH SCHOOL MERIT SCHOLARSHIP**

*This Scholarship is awarded to High School students who exhibit passion and dedication in their art. Applicants must submit samples that will go thru a jury process.*

**Youth Academy Merit Scholarship application must be accompanied by the following:**

- Student must be attending or entering high school; Grades 9 – 12.
- Scholarship Application Form
- Brief artist statement
- Letter of recommendation
- Artwork Submission – 3 photos of your best original work (email attachments are acceptable)

Has your youth ever taken a class at Scottsdale Artists' School? \_\_\_\_\_

Has your youth ever received a scholarship at Scottsdale Artists' School? \_\_\_\_\_

If yes, please give us the date of that scholarship. \_\_\_\_\_

Are you applying for a scholarship based on financial need? \_\_\_\_\_

How did you hear about the School and the scholarship program? \_\_\_\_\_

**Please give us youth academy session choices for which you are applying. Indicate your top choice first:**

Session # & Theme		Start Date		Tuition Amount	
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**Mail your application to:**  
Scholarship Committee/Youth Academy Application  
Scottsdale Artists' School  
3720 N. Marshall Way  
Scottsdale, AZ 85251

**Or Email: [szally@scottsdaleartschool.org](mailto:szally@scottsdaleartschool.org)**

Revised 3/23/17

***For office use only***

Date received: \_\_\_\_\_

Date reviewed: \_\_\_\_\_ Notified: \_\_\_\_\_

Decision: \_\_\_\_\_

Session # or Class: \_\_\_\_\_