Scottsdale Artists' School

YOUTH ACADEMY

SCHOLARSHIP APPLICATION FORM

Date Received: _____

Youth's Name: _____ Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

Mailing Address: _____ City/State/Zip: _____

Email Address: _____

Youth's Age: 6-8 9-14 or 15-18 **Birthdate:** _____ **Gender:** Male Female

Name of the youth's school: _____

Name of the youth's current or art teacher: _____

Has your youth ever taken a class at Scottsdale Artists' School: YES NO

Has your youth ever received a scholarship at Scottsdale Artists' School: YES NO

If yes, please give us the date of that scholarship: _____

Are you applying for a scholarship based on financial need? YES NO

How did you hear about Scottsdale Artists' School and the scholarship program? _____

_____

Please give us youth academy date choices for which you are applying. (Indicate your top choice as #1.):

1. Session #: _____ Class Start Date: _____ Tuition Amount: $_____

2. Session #: _____ Class Start Date: _____ Tuition Amount: $_____

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. If you are applying because of financial need, please include some brief information about the youth's situation.

Letter of recommendation from a family friend or teacher of the child.

Scottsdale Artists' School Youth Academy is funded in part by a grant from the Scottsdale League for the Arts.

Mail your application to:
Scholarship Committee/Youth Academy Application
Scottsdale Artists' School
3720 N. Marshall Way
Scottsdale, AZ 85251

Revised 05/19/2010

For office use only

Date received: _____
Date reviewed: _____
Accepted: _____
Which session: _____
Notified: _____