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

| Parent/Guardian   |   | Youth Name  |   |  |
|---|---|---|---|--|
| Emergency Phone   |   | Youth Birth Date  |   |  |
| Email   |   | Youth School  |   |  |
| Address   |   | Alternate Contact   |   |  |
| City, State, Zip  |   | Alternate Phone   |   |  |
| Please select the type of scholarship you would like to apply for   YOUTH ACADEMY SCHOLARSHIP or   HIGH SCHOOL MERIT SCHOLARSHIP  |   |   |   |  |
| Scottsdale Artists' School<br>to everyone. Applications<br>Youth Academy Schola<br>following:<br>> Scholarship A<br>> Brief artist stat<br>> Letter of recor<br>> If you are appl | Iarship or Need Based Scholarship   I believes that art education should be accessible   are accepted throughout the year.   arship application must be accompanied by the   pplication Form.   tement about youth and interest in visual art.   mmendation from a family friend or teacher   lying because of financial need, please include   ormation about the youth's situation. | This Scholarship is awa<br>passion and dedication<br>Youth Academy <u>Meriti</u><br>accompanied by the f<br>> Must be atter<br>> Scholarship A<br>> Brief Artist St<br>> Letter of reco<br>> Artwork Subr | nding or entering high school; Gr 9 – 12<br>Application Form<br>atement |  |

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 SAS and the scholarship program?

| Please give us youth academy class or session choices for which you are applying. Indicate your top choice first: |      |   |         |
|---|------|---|---------|
| Class or  | Star | t | Tuition |
| Camp  | Date | e | Amount  |
| Class or  | Star | t | Tuition |
| Camp  | Date | e | Amount  |

Submit your application...

By mail: Youth Scholarship Committee Scottsdale Artists' School 3720 N. Marshall Way Scottsdale, AZ 85251

Or by email: szally@scottsdaleartschool.org

Decision:

Revised 9/1/24



| For office use only |           |
|---------------------|-----------|
| Date received:      |           |
| Date reviewed:      | Notified: |
| Decision:           |           |
| Session # or Class: |           |
|                     |           |