

SWOPE ART MUSEUM

SUMMER ART STUDIO

SAS: Financial Aid Application

Submissions are due by May 27th – Awards will be disbursed by May 31th, 2019

Student Name: _____ Age: _____

List 3 choices for the Art class you wish to attend:

Parent's Name: _____

1st choice (Class name & code):

Phone Number: _____

2nd choice (Class name & code):

E-mail: _____

3rd choice (Class name & code):

Address: _____

City/State/Zip: _____

Does the student participate in the Reduced Lunch Program? _____ Yes _____ No

Pick a t-shirt size for your student:

(One free t-shirt, per child, per summer)

Child: S, M, L, XL Adult: S, M, L, XL Size: _____

Image Release Disclosure: By completing this application, you are authorizing use of all images taken during the program. If you wish for no photos to be taken please contact the program directly at syap@swope.org.

Signature: _____ Date: _____

In the space below, please write a brief statement about why you wish to attend the Summer Art Studio (to be written by the student):

Parent/Guardian Signature: _____ Date: _____

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Financial Aid recommendation for Swope Summer Art Studio (To be completed by Art Teacher, Advisor or Instructor)

Student's Name: _____ Grade Level: _____

Based upon the student grade level, how
would you rate his/her comprehension skills?

1 2 3 4 5 6 7 8 9 10
Low Average High

How well does the student work in groups?

1 2 3 4 5 6 7 8 9 10
Low Average High

How would you rate the student's
enthusiasm and attitude?

1 2 3 4 5 6 7 8 9 10
Low Average High

How much self-discipline does the student
exhibit?

1 2 3 4 5 6 7 8 9 10
Low Average High

Please write a brief statement of support for the student:

Signature: _____ Print Name: _____

Please return application to the Swope Art Museum - Summer Art Studio
by mail, fax, or in-person.

Address:

Swope Art Museum
Summer Art Studio
25 South 7th Street
Terre Haute, IN 47807

Phone:

812.238.1676 (TEL)
812.238.1677 (FAX)