

SWOPE ART MUSEUM

SUMMER ART STUDIO

2019 Summer Art Studio: Financial Aid Application

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

- Sponsorships will be awarded to students on the basis of financial need and desire to participate. Financial need must be demonstrated as indicated on the sponsorship application.
- Sponsorships are limited and will be awarded to eligible students on the basis of space availability.
- To be considered for a sponsorship, a reference must be provided. A reference is someone who thinks the student would benefit from participation in this program and has awareness of the family's financial status. A reference person may be a teacher, counselor, religious leader, youth worker, community professional or social worker. A family member may not be the reference person. *(NOTE: The reference person is not responsible for any fees or costs associated with this program.)*

**Be sure to fill out the application completely. Incomplete applications will not be processed.
Mail, fax, or email the completed application to:**

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

Fax: 812.238.1677

Summer@swope.org

Student Information

Student Name: _____ Age: _____

List 3 choices for the art course you wish to attend:

1st Choice:

2nd Choice:

3rd Choice:

Student's T-shirt Size (circle one):

Youth: S, M, L

Adult: S, M, L, XL

(1 free t-shirt per summer)

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):

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To Be Completed By A Reference Person (teacher, counselor, religious leader, youth worker, community or social worker)

Reference Name: _____
Email Address: _____ Phone: _____
Organization: _____ Relationship to the student: _____

How will the student benefit from participation in this program at this point in his/her school life? (Attach an additional page if more space is needed.) _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Reference Signature: _____ Date: _____

To Be Completed by a Parent or Guardian

Parent/Guardian Name: _____
Address: _____ City: _____ State: _____ ZIP: _____
Email Address: _____ Phone Number: _____
Number of adults in the household _____ Number of children under 18 years in household _____

If you receive any of the following forms of assistance please indicate which you receive.

- | | | |
|---|---|---|
| <input type="checkbox"/> WIC | <input type="checkbox"/> Medicaid or Medicare | <input type="checkbox"/> Food Stamps/SNAP |
| <input type="checkbox"/> School Lunch Program | <input type="checkbox"/> SSI | Benefits |

Total Annual Household Income _____

Please indicate any special circumstances that influence your family's financial situation. (Please attach an additional page if more space is needed.) _____

I hereby verify that the above information is true and correct to the best of my knowledge and belief.

Parent/Guardian Name _____ Date _____

STAFF USE ONLY

Date Received _____ Spon. Granted YES / NO Date Notified _____ Spon. Accepted YES / NO
New Student / Returning Student