

SWOPE ART MUSEUM

Summer Art Studio: Financial Aid Application

Submissions are due by May 27th – Awards will be disbursed by May 31th, 2020

- Financial Aid will be awarded to artists on the basis of financial need and desire to participate. Financial need must be demonstrated as indicated on the financial aid application.
- Financial Aid is limited and will be awarded to eligible artists on the basis of space availability.
- To be considered for financial aid, a reference must be provided. A reference is someone who thinks the artist would benefit from participation in the studios 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 studio.)

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, 25 South 7th Street, Terre Haute, IN 47807

Fax: 812.238.1677

Summer@swope.org

Artist Information

Artist Name: _____ **Age:** _____

List 3 choices for the studio session you wish to attend:

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Artist's T-shirt Size:

Youth: XS, 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 artist):

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 artist: _____

How will the artist benefit from participation in this studio at this point in their 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.

- WIC School Lunch Program Medicaid or Medicare
 SSI Food Stamps/SNAP 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 _____ Fin. Aid Granted YES / NO Date Notified _____ Fin. Aid Accepted YES / NO

New Artist / Returning Artist