

# SWOPE ART MUSEUM

## Summer Art Studio: Scholarship Form

Submissions are due by May 27<sup>th</sup> – Awards will be disbursed by May 31<sup>th</sup>, 2020

Artist Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

1<sup>st</sup> choice (studio name & code):

\_\_\_\_\_

2<sup>nd</sup> choice (studio name & code):

\_\_\_\_\_

3<sup>rd</sup> choice (studio name & code):

\_\_\_\_\_

Does the artist participate in the Reduced Lunch Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Pick a t-shirt size for your artist:

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

Child: XS, S, M, L, XL    Adult: S, M, L, XL

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 [summer@swope.org](mailto:summer@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 artist):

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Artist's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Based upon the artist's grade level, how would you rate their comprehension skills?

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

How well does the artist work in groups?

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

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

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

How much self-discipline does the artist exhibit?

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

Please write a brief statement of support for the artist:

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)

**Email:**

[summer@swope.org](mailto:summer@swope.org)

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**STAFF USE ONLY**

Date Received \_\_\_\_\_ Scholarship Granted YES / NO Date Notified \_\_\_\_\_ Scholarship Accepted YES / NO  
New Artist / Returning Artist