

SWOPE ART MUSEUM

Summer Art Studio: Need-Based Financial Aid Application

Submissions are due by Friday, May 21st – Awards will be disbursed by Monday, May 31st, 2021

- Need-Based Scholarships 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 a need-based scholarship, 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 situation. A reference person may be a teacher, counselor, religious leader, youth worker, community professional, social worker, etc. 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.

Please return the completed application by mail, fax, email, or in person to:

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

Fax: 812.238.1677

ginoplos@swope.org

Artist Information

Artist Name: _____ Age: _____

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

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

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

To Be Completed by a Parent or Guardian

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 ginoplos@swope.org.

Guardian Signature: _____ Date: _____

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 School | <input type="checkbox"/> Medicaid or Medicare | <input type="checkbox"/> Food Stamps/SNAP |
| <input type="checkbox"/> 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 _____

Financial Aid recommendation for Swope Summer Youth Art Program

To be completed by a reference

Student 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

In the space below, please write a brief statement of support for the student:

Signature: _____ Print Name: _____

Please return application to the Swope Art Museum: Summer Youth Art Program by mail, fax, email, or in-person.

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

Fax: 812.238.1677

ginoplos@swope.org

STAFF USE ONLY

Date Received _____ Fin. Aid Granted YES / NO Date Notified _____ Fin. Aid Accepted YES / NO
New Artist / Returning Artist