

# 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.

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](mailto: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](mailto: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.) \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

**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](mailto:ginoplos@swope.org)**

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**STAFF USE ONLY**

Date Received \_\_\_\_\_ Fin. Aid Granted YES / NO Date Notified \_\_\_\_\_ Fin. Aid Accepted YES / NO

New Artist / Returning Artist