

Student's Name _____

Class/Camp 1st Choice: _____

Class/Camp 2nd Choice: _____



Return Due Date: Two weeks before start of session or May 1 for SummerArtCamp 2017

Crealdé School of Art Alice M. Jenkins Scholarship Fund Policy Statement

The Alice M. Jenkins Scholarship Fund is administered by Crealdé School of Art. Through private donations from individuals and businesses, United Arts of Central Florida and the City of Winter Park, this fund provides tuition assistance for children and young adults on the basis of interest and talent in the visual arts as well as financial need. The following procedures will be adhered to for selection of scholarship recipients:

- A parent, guardian or other sponsoring adult/organization must make scholarship requests.
- Only one grant per individual per session may be requested.
- Scholarship requests are due at least two weeks prior to the beginning of a session. **Incomplete applications will not be eligible for consideration.**
- A scholarship form must be completed by the applicant, his or her parent(s) or guardian(s) and a community reference (teacher, counselor, minister, etc.).
- Members of the administrative staff and faculty will review scholarship applications. Approval will be based on financial need and interest or talent in the visual arts. **Please provide proof of income – a recent income tax return is preferred.**
- Each recipient will be notified by telephone, email or standard mail approximately one week prior to the start of the session.
- Crealdé School of Art will provide equal consideration for scholarships to all children without regard to ethnicity, race, religious beliefs, physical ability, gender or age.

Return this form to:
Crealde School of Art
Attn: Registrar Jan Hurt
600 St. Andrews Blvd.
Winter Park, FL 32792
Fax#: 407-671-0311
Email: jhurt@crealde.org

For office use only:
Received on _____
Approved on _____
Denied on _____
Session _____
Class _____

Child's Name _____

Date of Birth _____ Age _____ Grade _____

Parent(s)/Guardian(s) Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

- Please describe your or your child's reasons for applying for a scholarship (be specific please):

- Discuss your or your child's particular interest in art. What is your or your child's desired course of study?

- Please provide a brief description of financial need. Provide proof of income with your application:

- Special emotional, educational or accessibility needs:

The following information is required by our grant funding sources. This information is optional, but your help is appreciated.

White African-American Hispanic Asian Other _____

Signature of Parent or Guardian

Date

Crealdé School of Art Scholarship Sponsor Referral Form



Parent or Applicant: *Please obtain a sponsor who will vouch for your child's character, talent and desire to receive art instruction and have that person fill out the Scholarship Sponsor Referral form. **Sponsor must be outside the family.** They may submit their form with your application or send it directly to Crealde School of Art.*

Applicant's Name _____

Desired Course or Camp _____

The above named person is applying for tuition assistance for a class or Summer ArtCamp at Crealdé School of Art. The goals of our program are to enrich the student's understanding and appreciation of the visual arts. Please assess this individual's potential for this program.

Sponsor's Name _____

Address _____

City _____ **State** _____ **Zip** _____ **Phone** _____

Relationship to Applicant (cannot be family member) _____

Please provide information regarding the applicant's interest and abilities in art. What benefits do you feel he or she will derive from participating in Crealdé's program?

Sponsor's Signature

Date