

# Crealdé School of Art

## Senior Scholarship Program Information Sheet

Student's Name \_\_\_\_\_

Class/Workshop 1<sup>st</sup> Choice: \_\_\_\_\_

Class/Workshop 2<sup>nd</sup> Choice: \_\_\_\_\_

### Policy Statement

The Senior 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 seniors based on interest in the visual arts as well as financial need.

The following procedures will be adhered to for selection of scholarship recipients:

1. Applicant must be 65 years of age or older.
2. Each scholarship covers full tuition for one class or workshop. Only one scholarship per individual per session may be requested.
3. Complete application includes the following:
  - a. Fill out all fields of the application form on page 2.
  - b. Attach proof of income (pay stubs or recent tax return are preferred).

***An incomplete application will not be eligible for consideration***

4. 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.
5. Each recipient will be notified by telephone or email.
6. Crealdé School of Art will provide equal consideration for scholarship awards to all without regard to race, color, creed, physical ability, or national creed.

### Application Deadlines (2024 and 2025):

Fall II 2024	September 30, 2024
Winter 2025	December 19, 2024
Spring 2025	February 24, 2025
Summer 2025	May 1, 2025
Fall I 2025	July 28, 2025
Fall II 2025	September 29, 2025

# Senior Scholarship Application

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Class/Workshop choice 1 \_\_\_\_\_ Class/Workshop choice 2 \_\_\_\_\_

Please describe your reasons for applying for a scholarship:

Discuss your particular interest in art:

Please provide a brief description of financial need.

Special emotional, educational or accessibility needs:

**Return this application and proof of income to Vera Gubnitskaia by mail, fax or email:**

Crealdé School of Art, Office of the Registrar  
600 St. Andrews Blvd.  
Winter Park, FL 32792  
Fax 407-671-0311  
Email scholarship@crealde.org

*The following information is used in applying for grants.. This information is optional, but your help is appreciated.*

\_\_\_\_ Caucasian    \_\_\_\_ African-American    \_\_\_\_ Hispanic    \_\_\_\_ Asian    \_\_\_\_ Other

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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