



Student Name: _____ 1 st class/workshop choice: _____ 2nd class/workshop choice: _____

Alice M. Jenkins Scholarship Fund Policy Statement

The Alice M. Jenkins Scholarship Fund is administered by Crealdé School of Art. Through private donations from Crealdé members and private foundations, this fund provides tuition assistance for children and young adults based on interest and talent in the visual arts as well as financial need.

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

1. A parent, guardian, or other sponsoring adult/organization must make scholarship requests.
2. Each scholarship covers full tuition for one class or workshop. Only one scholarship per individual per session may be requested.
3. Complete application must include the following:
 - a. A scholarship form must be completed by the applicant’s parent or legal guardian
 - b. Provide proof of income (pay stubs or recent tax return are preferred)
 - c. A community reference (teacher, counselor, minister, etc.)
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 children without regard to race, color, creed, physical ability, sex, age, or national creed.

2024 and 2025 Application Deadlines:			
Fall II 2024	September 30, 2024	Summer 2025	May 1, 2025
Winter 2025	December 19, 2024	Fall I 2025	July 1, 2025
Spring 2025	February 24, 2025	Fall II 2025	September 29, 2025

Return application to:
Crealdé School of Art
Laura McBryde, Registrar and Office Manager
600 St. Andrews Blvd.
Winter Park, FL 32792
Email: scholarship@crealde.org

FOR OFFICE USE ONLY	
Session	
Received on	
Approved on	
Denied on	
Course #	

Student Scholarship Application

Child's Name

Date of Birth

Age

Grade

The following information is required by our grant funding sources. This information is optional.

Caucasian

African-American

Hispanic/Latino

Asian

Other

Parent(s)/Guardian Name

Address

Home Phone

Cell

Email Address

1st Choice Class/Camp: _____

2nd Choice Class/Camp : _____

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:

Signature of Applicant's Parent or Guardian

Date

Please return all pages completed as incomplete applications will not be considered.

Scholarship Sponsor Form

- *Please obtain a sponsor who will vouch for your character, talent and desire to receive art instruction and have that person fill out the Scholarship Sponsor Referral form.*
- **Sponsor (not a relative).** *They may submit their form with your application or send it directly to Crealdé School of Art, 600 St. Andrews Blvd Winter Park, FL 32707 (Application will not be considered until all documents are received)*

Applicant's Name

The above named person is applying for tuition assistance for a class 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

Relationship to applicant (cannot be a family member)

Address

Phone

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

Sponsor's Signature

Date