Scholarship Application

To be considered for scholarship funds please complete this application at least two weeks prior to the beginning of the term at Newport Art Museum School. Scholarship priority is given to children and youth.

I am applying for a: □ Full scholarship
□ Partial scholarship; I am able to pay: $__________

If you need additional assistance for art supplies, please contact Sierra Conniff, Education Associate, at sconniff@newportartmuseum.org

I am filling this form out for:
□ Myself
□ My child
□ My client

Student Information

First and last name:
Preferred name if different:
Home address:
Phone number:
Phone type: □ Cell □ Home □ Work
Email address:
Personal pronouns: □ He/him □ She/her □ They/them

If student is under 18:
Birth date:
Age at program start:
Guardian first and last name:
Home address if different from above:
Email address:
Phone number:
Phone type: □ Cell □ Home □ Work

Referrals

This section is only to be filled out if you are a social service provider referring an individual. Please complete a separate form for each applicant.

Name of organization:
Mailing Address:
Name of person providing referral:
Title:
Email address:
Phone number:
Classes Requested

☐ Listing by my 1st, 2nd, and 3rd choices
☐ Requesting to register for all listed courses

Course Title: ____________________________
Instructor: ____________________________
Dates of class: ____________________________
Day: ____________________________
Time: ____________________________
Tuition: $__________________________
Fees: ____________________________
Subtotal: $__________________________

Course Title: ____________________________
Instructor: ____________________________
Dates of class: ____________________________
Day: ____________________________
Time: ____________________________
Tuition: $__________________________
Fees: ____________________________
Subtotal: $__________________________

Course Title: ____________________________
Instructor: ____________________________
Dates of class: ____________________________
Day: ____________________________
Time: ____________________________
Tuition: $__________________________
Fees: ____________________________
Subtotal: $__________________________

Supporting Documents

1. Email this form along with the following to sconniff@newportartmuseum.org:

2. A paragraph responding to the following prompt:
   What do you hope to gain from taking a class at Newport Art Museum School?

Select the qualifying program(s) the applicant is enrolled in:

☐ SNAP
☐ Rhode Island Works (RIW)
☐ Child Care Assistance Program
☐ General Public Assistance (GPA)
☐ Energy Assistance Programs
☐ Supplementary Security Income
☐ Refugee Assistance Program
☐ Affordable Care Coverage
☐ None of these options
☐ Other: ____________________________

Signature

I certify that all information on this application is true to the best of my knowledge:

Signature: ____________________________ Date: ____________________________
Printed name: ____________________________