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 hello@newportartmuseum.org

I am filling this form out for:

☐ Myself  
☐ My child  
☐ My client

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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

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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: ________________________________________________________________
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Classes Requested

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

Course Title: ____________________________  Course Title: ____________________________  Course Title: ____________________________
Instructor: ____________________________  Instructor: ____________________________  Instructor: ____________________________
Dates of class: _________________________  Dates of class: _________________________  Dates of class: _________________________
Day: ________________________________  Day: ________________________________  Day: ________________________________
Time: ________________________________  Time: ________________________________  Time: ________________________________
Tuition: $___________________________  Tuition: $___________________________  Tuition: $___________________________
Fees: ________________________________  Fees: ________________________________  Fees: ________________________________
Subtotal: $_________________________  Subtotal: $_________________________  Subtotal: $_________________________

Supporting Documents

1. Email this form along with the following to hello@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  ☐ Supplementary Security Income
☐ Rhode Island Works (RIW)  ☐ Refugee Assistance Program
☐ Child Care Assistance Program  ☐ Affordable Care Coverage
☐ General Public Assistance (GPA)  ☐ None of these options
☐ Energy Assistance Programs  ☐ Other: ____________________________

Signature

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

Signature: ____________________________________________ Date: ____________________________
Printed name: __________________________________________