

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

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: _____

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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

- Email this form along with the following to hello@newportartmuseum.org:
- 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: _____