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. We have a limited number of scholarships available, distributed on a first come, first served basis. Scholarship priority is given to youth, however we do our best to support as many students as possible with the funding we have available.

I am applying for a:
- ❏ Full scholarship
- ❏ Partial scholarship; am able to pay: $ _____

If you need assistance for art supplies, please contact the museum at: 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: _____

NEWPORT ART MUSEUM

Scholarship Application

Classes Requested

❑ Listing by my 1ˢᵗ, 2ⁿᵈ, and 3ʳᵈ choices
❑ Requesting to register for all listed courses (scholarships limited to two per student)

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
❑ 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 the options
❑ Other: _____

Signature

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

Signature: _____ Date: _____

Printed name: _____