

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: _____

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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:

- | | |
|--|--|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Supplementary Security Income |
| <input type="checkbox"/> Rhode Island Works (RIW) | <input type="checkbox"/> Refugee Assistance Program |
| <input type="checkbox"/> Child Care Assistance Program | <input type="checkbox"/> Affordable Care Coverage |
| <input type="checkbox"/> General Public Assistance (GPA) | <input type="checkbox"/> None of the options |
| <input type="checkbox"/> Energy Assistance Programs | <input type="checkbox"/> Other: _____ |

Signature

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

Signature: _____ Date: _____

Printed name: _____