ART STUDENTS LEAGUE

2018 Summer Camp Scholarships for Youth Ages 6 — 17 Guidelines and Application

The Art Students League of Denver (ASLD) awards scholarships, when available, to attend our Summer KidART Camps and TEEN Studio Workshops for youths ages 6 through 17. The intent of the scholarship program is to provide equal access to education in the visual arts to youth who have a strong desire to learn, but lack the financial means to afford our classes. Please refer to our Summer KidArt Camps and TEEN Studio Workshops brochures for details on offerings. If you do not have a brochure, please call 303-778-6990 ext.o, to receive one in the mail or visit www.asld.org.

Scholarship Awards

Recipients will receive either a full or partial scholarship based on eligibility. Scholarships are reviewed and granted on a first-come, first-serve basis until all available funds are used. Scholarships do not include snacks, lunch, or transportation to and from ASLD. Camp registrations are limited to space available in requested camps. Recipients and their instructors may be asked to complete an evaluation after completion of the scholarship.

- Full Scholarship: A co-pay of \$10 per camp is required at time of registration. This fee covers tuition for (2) half-day, one-week long camps OR (1) half-day, two-week long clay camp. The scholarship also covers art supplies, supervised care before and after camp if needed, and a youth membership to ASLD for one year.
- Partial Scholarship: Recipients receive 50% off of tuition for (2) half-day, one-week long camps OR (1) half-day, two-week long clay camp. A year-long youth membership to ASLD is covered by a partial scholarship. The partial scholarship does not include materials fees or supervised care. Payment is required at the time of registration.

Eligibility requirements:

Applicants must be Colorado residents. Scholarships are based on financial need (please refer to the tables below). Youth may only apply for one Summer Camp Scholarship per year. Youth are also eligible to apply separately for a Youth On-Going Scholarship. We accept applications from multiple youths within the same household. *In order for your application to be complete, proof of income (recent income taxes or paystubs) must be submitted with the application and registration forms*. Incomplete applications will not be reviewed. The League reserves the right to award scholarships at its own discretion. There is no cash value for scholarships, and we do not offer credits or transfers.

Household Income Limits 2018 For Full scholarship		
# in household	Gross Monthly Income	
2	\$2,666	
3	\$3,000	
4	\$3,329	
5	\$3,595	
6	\$3,862	
7	\$4,129	
8	\$4,395	
each additional person	Add for each: \$266	

Household Income Limits 2018 For Partial (50%) scholarship		
# in household	Gross Monthly Income	
2	\$4,262	
3	\$4,795	
4	\$5,325	
5	\$5,794	
6	\$6,170	
7	\$6,604	
8	\$7,029	
each additional person	Add for each: \$425	

ART STUDENTS LEAGUE

2018 Summer Camp Scholarship Application for Youth Ages 6 – 17

CHILD'S NAME:		
PARENT/GUARDIAN NAME:		
ADDRESS:		
CITY:	ZIP:	COUNTY:
PHONE:	EMAIL:	
What is your annual househo	ld income?	_
How many family members a	re part of your household?	
Do you qualify for any goverr	iment programs (food stamps, Me	edicaid, etc.)? [Yes] [No]
f yes, please indicate which p	programs and how much subsidies	you receive:
Have you received a scholars	hip from the Art Students League	before? [Yes] [No]
•	t was the amount:	
Have you received scholarshi		[No]
•	•	[110]
ii yes, when and for h	IOW IIIOCII	
we track the ethnicity of our s Caucasian [] African Amer	scholarship students. Thank you f	which fund our scholarship program, it is required that for indicating your ethnicity or cultural background: anic/Latino [] Native American []
Other [] Please specify:		
Why do you want to participa	ite in summer camps at the Art St	udents League of Denver?

Camp Registration Information	on – This information must be comple	ete for your application to be accepted.				
CHILD'S NAME:						
CHILD'S AGE:	DATE OF BIRTH (MONTH):	(YEAR):				
PARENT/GUARDIAN NAME:						
ALTERNATE CONTACT'S NAME:						
ALTERNATE CONTACT'S CELL or BEST NUMBER:						
PHYSICIAN'S HOSPITAL/OFFICE NAME:						
camps that you would like to to clay camps count as 2 camps. 1. 2. 3. Do you need the supervised ca	ake in order of preference as the first 2	ise list the week, title, and instructor of three camps will be awarded if available. Two wee				
	or do you require special accommodatio sible to accommodate your needs. []	ons in order to participate? The Art Students] yes [] no				
with your scholarship applicati	on. ASLD will not accept incomplete a	t, or in person. Proof of income <i>must</i> be submit applications . Scholarship applications are ASLD with any questions at 303.778.6990 xo, or				
By signing this application you Scholarship Policy stated abov		ded is accurate and you understand the				
Parent/Guardian Signature		Date				
Submit applications to: Art Students League of Denve	r					

Art Students League of Denver
Attn: Youth/Teen Studio Scholarships
200 Grant Street
Denver, CO 80203