2019 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.0, to receive one in the mail or visit [www.asld.org](http://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 pay stubs) 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**

<table>
<thead>
<tr>
<th>Full Scholarship</th>
<th>Partial Scholarship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in household</td>
<td>Gross Monthly Income</td>
</tr>
<tr>
<td>2</td>
<td>$3,000</td>
</tr>
<tr>
<td>3</td>
<td>$3,375</td>
</tr>
<tr>
<td>4</td>
<td>$3,746</td>
</tr>
<tr>
<td>5</td>
<td>$4,045</td>
</tr>
<tr>
<td>6</td>
<td>$4,346</td>
</tr>
<tr>
<td>7</td>
<td>$4,646</td>
</tr>
<tr>
<td>8</td>
<td>$4,946</td>
</tr>
<tr>
<td>Each additional person</td>
<td>Add for each: $300</td>
</tr>
</tbody>
</table>
Summer Camp Scholarships for Youth (Ages 6 to 17)
APPLICATION for 2019

CHILD’S NAME: ____________________________________________

PARENT/GUARDIAN NAME: ______________________________________

ADDRESS: __________________________________________________

CITY: __________________________  ZIP: _____________________  COUNTY: ______________________

PHONE: ___________________   EMAIL: _______________________________________________________

What is your annual household income? ____________________

How many family members are part of your household? __________

Do you qualify for any government programs (food stamps, Medicaid, etc.)?   [Yes]   [No]

If yes, please indicate which programs and how much in subsidies you receive: __________________________________________________

Have you received a scholarship from the Art Students League before?   [Yes]   [No]

If yes, when and what was the amount: _____________________________________________________________

Have you received scholarships from other schools?   [Yes]   [No]

If yes, when and for how much: ___________________________________________________________

In order to receive grant awards from many of the foundations which fund our scholarship program, it is required that we track the ethnicity of our scholarship students. Thank you for indicating your ethnicity or cultural background:

Caucasian [ ]  African American [ ]  Asian [ ]  Hispanic/Latino [ ]  Native American [ ]

Other [ ]  Please specify: ____________________________________________________________
Why do you want to participate in summer camps at the Art Students League of Denver?
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Summer Camp Scholarships for Youth (Ages 6 to 17)
CAMP REGISTRATION INFORMATION for 2019
This information must be complete 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: _____________________________________________________

ALTERNATE CONTACT’S RELATIONSHIP TO CHILD: _________________________________________________

PHYSICIAN NAME: ______________________ PHYSICIAN PHONE: ______________________

PHYSICIAN’S HOSPITAL/OFFICE NAME: ____________________________________________________________

After reviewing the League catalogue or website (www.asld.org) please list the week, title, and instructor of three camps that you would like to take in order of preference as the first 2 camps will be awarded if available. Two-week clay camps count as 2 camps.

1. ___________________________________________________________________________________________

2. ___________________________________________________________________________________________

3. ___________________________________________________________________________________________

Do you need the supervised care option? [Yes] [No]
If yes, please specify which sessions: [AM] [Noon] [PM]
Do you have access concerns or do you require special accommodations in order to participate? The Art Students League will do everything possible to accommodate your needs.  
[ ] yes  [ ] no
If yes, please explain:
________________________________________________________________________________________
________________________________________________________________________________________

Applications may be submitted via email at a.ryan@asld.org, via post, or in person. Proof of income must be submitted with your scholarship application. **ASLD will not accept incomplete applications.** Scholarship applications are reviewed on a first-come-first-serve basis. Please feel free to contact ASLD with any questions at 303.778.6990 x0, or via email at a.ryan@asld.org.

By signing this application you acknowledge all the information provided is accurate and you understand the Scholarship Policy stated above.

Parent/Guardian Signature  
Date

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