The Art Students League of Denver (ASLD) awards scholarships, when available, to attend our Youth programs including: Fall session, Winter/Spring session, and 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 ASLD catalogs, Summer KidArt Camps and TEEN Studio Workshops brochures or ASLD website (www.asld.org) for details on offerings, or call Registration for assistance at 303-778-6990 ext.0.

**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 programs. Recipients and their instructors may be asked to complete an evaluation after completion of the scholarship.

- **Full Scholarship:** A co-pay of $10 per course &/or camp is required at time of registration. The scholarship also covers a youth membership to ASLD for one year, art supplies, supervised care before and after camp and the lunch hour if needed.
  - *For camps: this fee covers tuition for (2) half-day, one-week long camps OR (1) half-day, two-week long clay camp.
  - *For “Friday Night Teen Studio” there is just one $10 co-pay per session/semester and the scholarship recipient may attend any/all “Friday Night Teen Studio” for each qualifying session/semester but must be registered for each Friday they wish to attend.

- **Partial Scholarship:** Recipients receive 50% off of the cost of a course. Partial scholarship also covers a youth membership for ASLD valid for one year.
  - *For camps: recipients receive 50% off of tuition for (2) half-day, one-week long camps OR (1) half-day, two-week long clay camp. The partial scholarship does not include material fees or supervised care. Payment is required at the time of registration. *For “Friday Night Teen Studio” the scholarship recipient may attend any/all “Friday Night Teen Studio” at 50% off each Friday for each qualifying session/semester but must be registered for each Friday they wish to attend.

### Household Income Limits

<table>
<thead>
<tr>
<th># in household</th>
<th>Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$2,800</td>
</tr>
<tr>
<td>3</td>
<td>$3,150</td>
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<tr>
<td>4</td>
<td>$3,496</td>
</tr>
<tr>
<td>5</td>
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<tr>
<td>6</td>
<td>$4,058</td>
</tr>
<tr>
<td>7</td>
<td>$4,338</td>
</tr>
<tr>
<td>8</td>
<td>$4,617</td>
</tr>
</tbody>
</table>

Each additional person: Add for each: $279

### Household Income Limits

<table>
<thead>
<tr>
<th># in household</th>
<th>Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$4,480</td>
</tr>
<tr>
<td>3</td>
<td>$5,040</td>
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<td>4</td>
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<tr>
<td>7</td>
<td>$6,940</td>
</tr>
<tr>
<td>8</td>
<td>$7,387</td>
</tr>
</tbody>
</table>

Each additional person: Add for each: $447
Eligibility requirements:
Applicants must be Colorado residents. Scholarships are based on financial need (please refer to the tables on page 1). We accept applications from multiple youths within the same household. Applications are valid for one year or 3 sessions/semesters (whichever comes first). Applicants are welcome to re-apply for consecutive years and/or if household income status changes. **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.

CHILD(REN)'S NAME(S): _______________________________________________________________________________________

PARENT/GUARDIAN NAME: _______________________________________________________________________________________

ADDRESS: ___________________________________________________________________________________________________

CITY: ___________________________  ZIP: _____________________  COUNTY: ______________________

PHONE: ___________________________  EMAIL: _______________________________________________________________

What is your gross monthly household income (before taxes are taken out)? ______________________________

How many family members are part of your household? __________

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

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

__________________________________________________________________________________________________

__________________________________________________________________________________________________

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 [ ]

Prefer not to answer [ ]  Other [ ]  Please specify: _______________________________________________

Why do you/your child(ren) want to participate in classes and/or summer camps at the Art Students League of Denver?

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________
Camp Registration Information – This information must be complete for your application to be accepted.

ALTERNATE PARENT/GUARDIAN CONTACT’S NAME:

_____________________________________________________________

ALTERNATE CONTACT’S CELL/ BEST NUMBER:

_____________________________________________________________

ALTERNATE CONTACT’S RELATIONSHIP TO CHILD: _____________________________________________________________

PHYSICIAN NAME: ________________________________________    PHYSICIAN PHONE: _____________________________

PHYSICIAN’S HOSPITAL/OFFICE NAME: _______________________________________________________________________

Child 1 NAME: __________________________________________________________________________________________

Child 1 AGE: _______________    BIRTH (MONTH): _______________    (YEAR): _______________

Child 2 NAME: __________________________________________________________________________________________

Child 2 AGE: _______________    BIRTH (MONTH): _______________    (YEAR): _______________

After reviewing the League catalogue or website (www.asld.org) please list the week, title, and instructor of your top three preferred camps. *Two week clay camps count as 2 camps. *Additional children in your same household may be included by adding extra of this page.

Child 1 - 1st Choice:____________________________________________________________________________

2nd Choice:____________________________________________________________________________

3rd Choice:____________________________________________________________________________

Child 2 - 1st Choice:____________________________________________________________________________

2nd Choice:____________________________________________________________________________

3rd Choice:____________________________________________________________________________

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/your child(ren)’s 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.

Applications may also be submitted by mail to:

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

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

____________________________________________________________________________

Parent/Guardian Signature  
Date