

# ART STUDENTS LEAGUE OF DENVER

## Youth & Teen Studio Scholarships for On-Going Programs (Ages 6 to 17)

Guidelines and Application for 2019

The Art Students League of Denver (ASLD) awards scholarships, when available, to attend our youth on-going programs for 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 review the ASLD catalogs or ASLD website ([www.asld.org](http://www.asld.org)) for details on current course offerings.

### **SCHOLARSHIP INFORMATION**

Recipients will receive either a Full Scholarship or Partial Scholarship based on eligibility. Scholarships are reviewed and granted on a first-come, first-serve basis until all available funds are used. Recipients and their instructors may be asked to complete an evaluation after completion of the scholarship.

- **Full Scholarship:** Recipients receive tuition for two months of an on-going class OR (1) workshop per session: Fall, Winter/Spring, and/or Summer. The scholarship also covers a youth membership for ASLD valid for one year. *A co-pay of \$10 per 4 weeks of an on-going class or per 1 workshop is required at time of registration, \*\$5 co-pay for 1–2 day workshops.*
- **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.

### **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 scholarship per year for on-going youth programs. Youth are also eligible to apply separately for a Summer KidART Camp and Teen Studio Scholarship. We accept applications from multiple youths within the same household. ***Proof of income (income taxes or one month of most recent paystubs) MUST accompany the application form.*** ASLD will only review complete applications. Incomplete applications will not be accepted. ASLD reserves the right to award scholarships at its own discretion. There is no cash value for scholarships, and we do not offer refunds, transfers or credits for registered courses.

### Household Income Limits

Full Scholarship		Partial Scholarship	
Number in household	Gross Monthly Income	Number in household	Gross Monthly Income
2	\$3,000	2	\$4,800
3	\$3,375	3	\$5,400
4	\$3,746	4	\$5,993
5	\$4,045	5	\$6,473
6	\$4,346	6	\$6,953
7	\$4,646	7	\$7,433
8	\$4,946	8	\$7,913
Each additional person	Add for each: \$300	Each additional person	Add for each: \$480

# ART STUDENTS LEAGUE OF DENVER

## Youth & Teen Studio Scholarships for On-Going Programs (Ages 6 to 17) APPLICATION for 2019

CHILD'S NAME:

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PARENT/GUARDIAN NAME:

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ADDRESS:

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CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL 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 subsidized programs (free lunch, TANF, Medicaid, SNAP, etc.)?

Yes  No

If yes, please indicate which subsidies you receive:

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Why do you want to take a course at the Art Students League of Denver?

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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/Pacific Islander     Hispanic/Latino  
 Native American     Other    Please specify: \_\_\_\_\_

**Youth & Teen Studio Scholarships for On-Going Programs (Ages 6 to 17)**  
**REGISTRATION INFORMATION for 2019**

CHILD'S NAME:

\_\_\_\_\_

CHILD'S AGE: \_\_\_\_\_ DATE OF BIRTH (MONTH): \_\_\_\_\_ (YEAR): \_\_\_\_\_

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: \_\_\_\_\_

Does your child 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:

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What course(s) at ASLD is your student interested in taking?

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Applications may be submitted via email to [a.ryan@asld.org](mailto: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](mailto:a.ryan@asld.org).

Thank you for inquiring about the scholarship program at the Art Students League of Denver.  
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