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) 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.

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

CHILD’S NAME: ________________________________________________________________

PARENT/GUARDIAN NAME: _______________________________________________________

ADDRESS: ____________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
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:
____________________________________________________________________________________________
____________________________________________________________________________________________

What course(s) at ASLD is your student interested in taking?
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Applications may be submitted via email to a.ryan@asl.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@asl.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