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.0, 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 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

<table>
<thead>
<tr>
<th># in household</th>
<th>Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$2,666</td>
</tr>
<tr>
<td>3</td>
<td>$3,000</td>
</tr>
<tr>
<td>4</td>
<td>$3,329</td>
</tr>
<tr>
<td>5</td>
<td>$3,595</td>
</tr>
<tr>
<td>6</td>
<td>$3,862</td>
</tr>
<tr>
<td>7</td>
<td>$4,129</td>
</tr>
<tr>
<td>8</td>
<td>$4,395</td>
</tr>
<tr>
<td>each additional person</td>
<td>Add for each: $266</td>
</tr>
</tbody>
</table>

#### For Partial (50%) scholarship

<table>
<thead>
<tr>
<th># in household</th>
<th>Gross Monthly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$4,262</td>
</tr>
<tr>
<td>3</td>
<td>$4,792</td>
</tr>
<tr>
<td>4</td>
<td>$5,325</td>
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<tr>
<td>5</td>
<td>$5,794</td>
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<tr>
<td>6</td>
<td>$6,170</td>
</tr>
<tr>
<td>7</td>
<td>$6,604</td>
</tr>
<tr>
<td>8</td>
<td>$7,029</td>
</tr>
<tr>
<td>each additional person</td>
<td>Add for each: $425</td>
</tr>
</tbody>
</table>
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 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 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?
________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Camp Registration Information – 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