

ART STUDENTS LEAGUE OF DENVER

2020 Scholarships for Youth Ages 6-17 Guidelines and Application

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 For Full Scholarship	
# in household	Gross Monthly Income
2	\$2,800
3	\$3,150
4	\$3,496
5	\$3,779
6	\$4,058
7	\$4,338
8	\$4,617
each additional person	Add for each: \$279

Household Income Limits For Partial (50%) Scholarship	
# in household	Gross Monthly Income
2	\$4,480
3	\$5,040
4	\$5,593
5	\$6,047
6	\$6,493
7	\$6,940
8	\$7,387
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