ART STUDENTS LEAGUE
OF DENVER

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

Guidelines and Application for 2017

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: This fee covers tuition for two months of an on-going class OR (1) workshop. A co-pay of $10 per course is required at time of registration. The scholarship also covers a youth membership for ASLD valid for one year.
- Partial Scholarship: Recipients receive 50% off of the cost of a course. A partial scholarship 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 KidaART Camp and Teen Studio Scholarship. We accept applications from multiple youths within the same household. ***Proof of income (income taxes or 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.

Full Scholarship **Household Income Limits 2017**	
# in household	**Gross Monthly Income**
2	$2,666
3	$3,000
4	$3,329
5	$3,595
6	$3,862
7	$4,129
8	$4,395
Each additional person	Add for each: $266

Partial Scholarship **Household Income Limits 2017**	
# in household	**Gross Monthly Income**
2	$4,262
3	$4,795
4	$5,325
5	$5,794
6	$6,170
7	$6,604
8	$7,029
Each additional person	Add for each: $425

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Application for 2017

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: _____

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Registration Information for 2017

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@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.

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