ART STUDENTS LEAGUE

2017 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.o, 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 clay 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 2017 For Full scholarship				
# 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			

	Household Income Limits 2017 For Partial (50%) scholarship				
# 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				

ART STUDENTS LEAGUE

2015 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 househ	old income?	_
How many family members	are part of your household?	
Do you qualify for any gover	nment programs (food stamps, Med	dicaid, etc.)? [Yes] [No]
If yes, please indicate which	programs and how much subsidies	you receive:
•	ship from the Art Students League bat was the amount:	pefore? [Yes] [No]
Have you received scholarsh	nips from other schools? [Yes]	[No]
If yes, when and for	how much:	
	scholarship students. Thank you fo	vhich fund our scholarship program, it is required that r indicating your ethnicity or cultural background: nic/Latino []
Other [] Please specify:		
Why do you want to particip	ate in summer camps at the Art Stu	dents 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 B	EST NUMBER:					
ALTERNATE CONTACT'S RELATION	NSHIP TO CHILD:					
PHYSICIAN NAME: PHYSICIAN PHONE:						
PHYSICIAN'S HOSPITAL/OFFICE N	IAME:					
clay camps count as 2 camps. 1. 2. 3. Do you need the supervised care						
	do you require special accommodations e to accommodate your needs. [] ye	in order to participate? The Art Students s [] no				
submitted with your scholarship		in person. Proof of income <i>must</i> be plete applications. Scholarship applications SLD with any questions at 303.778.6990 xo,				
or via email at a.ryan@asld.org .						
By signing this application you ac Scholarship Policy stated above.	cknowledge all the information provided	is accurate and you understand the				
Parent/Guardian Signature		Date				

Submit applications to:
Art Students League of Denver
Attn: Youth/Teen Studio Scholarships
200 Grant Street
Denver, CO 80203