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) one-week long camps OR (1) 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) one-week long camps OR (1) two-week long Clay camp. The partial scholarship *does not include* materials fees, supervised care, and membership fees. 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 scholarship per year. 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 Inco For Partial (50%	•
# 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/GUARDI	AN NAME:			
ADDRESS:				
CITY:	ZIP:		COUNTY:	
CHILD'S BIRTHDA	TE:/			
PHONE:	EMAI	L:		
What is your ann	ual household income? _			
How many famil	y members are part of you	ur household?		
Do you qualify fo	or any government progra	ms (food stam	nps, medicaid, etc.)? Yes	No
If yes, plo	ease indicate which progr	ams and how i	much subsidies you receiv	/e:
If yes, when Have you receive	ed a scholarship from the and what was the amounted scholarships from othe and for how much:	t: r schools? Ye:	s No	
	ve grant awards from man track the ethnicity of our und:	•		
Caucasian []	African American []	Asian []	Hispanic/Latino []	Native American []
Other [] Please s	specify:		<u>-</u>	

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

Do you have access conce	rns or do you require special acc	ommodations in order to participate? The Art
Students League will do e	verything possible to accommod	late your needs.
[] yes [] no		
If yes- please explain		
Camp Registration Inforr	nation – This information must	be complete for your application to be accepted.
Child's Name:		
Parent/Guardian Name: _		_Cell (or best number):
Alternate Contact Name:		Cell (or best number):
Alternate Contact's relati	onship to child:	
Physician Name:		Physician Phone:
Name of Dr.'s Office/Hosp	oital:	<u></u>
After reviewing the Leagu	e catalogue or website (<u>www.as</u>	ld.org) please list the week, title, and instructor of
three camps that you wou	ld like to take in order of prefere	nce 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 supervise	ed care option? Yes No	
submitted with your schol applications are reviewed	arship application. ASLD will no	org, via post, or in person. Proof of income <i>must</i> be ot accept incomplete applications. Scholarship Please feel free to contact ASLD with any questions
By signing this application	ı you acknowledge all the inform	ation provided is accurate and you understand the
Scholarship Policy stated	above.	
Parent/Guardian Signatur	e	Date
Submit applications to:	Art Students League of Denve Attn: Youth/Teen Studio Scho 200 Grant Street Denver, CO 80203	

	Office Use Only
Art Students League Staff	Amount Awarded-Class and Membership
Scholarship Fund	Amount Awarded-Supplies
	Date Awarded