

ART STUDENTS LEAGUE OF DENVER

2021-2022 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. Children aged 5 years may also qualify if they have completed kindergarten. 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 Summer KidArt Camps and TEEN Studio Workshops brochures or ASLD website (www.asld.org) for details on offerings or contact us directly at 303.778.6990 or info@asld.org.

SCHOLARSHIP INFORMATION

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. Recipients and their instructors may be asked to complete an evaluation after completion of the scholarship. Once a recipient qualifies for scholarship funding, their **qualification is valid for one year/3 sessions** (semesters) from the time they applied. Students are welcome to re-apply the following year and must do so for ASLD to determine their eligibility for the next year/3 sessions. **Students that do not show-up &/or cancel their registration by at least 1 week prior to the course start date may have their scholarship benefit suspended for up to 1 year.**

- **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 "Friday Night Teen Studio" only one \$10 co-pay is charged per session/semester. Student must be registered for each month 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 "Friday Night Teen Studio" the scholarship recipient may attend any/all "Friday Night Teen Studio" per session/semester at 50% off each month. Student must be registered for each month they wish to attend.

Eligibility requirements:

Scholarships are based on financial need (please refer to the tables on page 2). 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. ASLD 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.

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Household Income Limits			
Full Scholarship		Partial Scholarship	
Number in household	Gross Monthly Income	Number in household	Gross Monthly Income
2	\$3,495	2	\$5,593
3	\$3,933	3	\$6,293
4	\$4,367	4	\$6,986
5	\$4,717	5	\$7,547
6	\$5,067	6	\$8,107
7	\$5,417	7	\$8,667
8	\$5,767	8	\$9,227
Each additional person	Add for each: \$450	Each additional person	Add for each: \$600

Big HeART Scholarship Program for Youth (Ages 6 - 17)

Application Month/Year: _____

CHILD(REN)'S NAME(S), each child in the same household can be added: _____

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:

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: _____

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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. Please include an additional sheet if you're applying for more than 2 children in the same household.

ALTERNATE PARENT/GUARDIAN CONTACT'S NAME: _____

ALTERNATE CONTACT'S CELL/ BEST NUMBER: _____

ALTERNATE CONTACT'S RELATIONSHIP TO CHILD(REN): _____

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 ASLD website (www.asld.org) please list the week, title, and instructor of your top 5 preferred camps. *Remember: you may include an additional sheet if you're applying for more than 2 children.

Child 1 - 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

5th Choice: _____

Child 2 - 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

4th Choice: _____

5th Choice: _____

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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 child(ren)'s needs. yes no

If yes, please explain:

Applications may be submitted via email to info@asld.org, via post, or in person to the Registration Office. **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 allow 1 – 2 weeks for a reply. Feel free to contact ASLD with any questions at 303.778.6990, or via email at info@asld.org and a registration staff member will be happy to assist.

By post submit application to:
Art Students League of Denver
Attn: BigHeART Scholarship Applications
200 Grant Street
Denver, CO 80203

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 Policies stated above.

Parent/Guardian Signature

Date