

ART STUDENTS LEAGUE OF DENVER

Big HeART Scholarship Program for Adults (Ages 18+) **Guidelines and Application for Sept. 2024-Aug. 2025**

The Art Students League of Denver (ASLD) awards scholarships, when available, to provide equal access to education in the visual arts to those who have a strong desire to learn but lack the financial means to afford our classes. ASLD raises scholarship funds through development efforts with foundations, corporations and individuals, to ensure our arts education is accessible to all segments of the community. Please review the ASLD website (www.asld.org) for details on current course offerings or contact us directly at 303.778.6990 ext. 0 or info@asld.org.

SCHOLARSHIP INFORMATION

Recipients will qualify to receive scholarship funding based on financial eligibility. Scholarships are reviewed and granted on a first-come, first-serve basis. 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** 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.**

Those who qualify for **full scholarship** funding will receive:

- An ASLD Adult Membership valid for one year
- 90% off the tuition fee
- Student is responsible for additional fees such as materials and studio fees. Payment is required at the time of registration. If payment is not received by 1 week prior to the course start date the registration will be dropped and open to other students.

Those who qualify for **partial scholarship** funding will receive:

- An ASLD Adult Membership valid for one year
- 50% off the tuition fee
- Student is responsible for additional fees such as materials and studio fees. Payment is required at the time of registration. If payment is not received by 1 week prior to the course start date the registration will be dropped and open to other students.

ELIGIBILITY REQUIREMENTS

Scholarships are based on financial need (please refer to the tables on page 2). ***Proof of income (income taxes or one month of most 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.

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| HOUSEHOLD INCOME LIMITS | | | |
|-------------------------|----------------------|------------------------|----------------------|
| FULL SCHOLARSHIP | | PARTIAL SCHOLARSHIP | |
| Number in household | Gross Monthly Income | Number in household | Gross Monthly Income |
| 1 | \$3804 | 1 | \$5325 |
| 2 | \$4350 | 2 | \$6090 |
| 3 | \$4891 | 3 | \$6848 |
| 4 | \$5433 | 4 | \$7606 |
| 5 | \$5870 | 5 | \$8219 |
| 6 | \$6304 | 6 | \$8825 |
| 7 | \$6737 | 7 | \$9432 |
| 8 | \$7175 | 8 | \$10,045 |
| Each additional person | Add for each: \$450 | Each additional person | Add for each: \$600 |

Big HeART Scholarship Program for Adults (Ages 18+)

Application Month/Year: _____

FULL NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

PHONE: _____ CELL PHONE: _____

EMAIL: _____

APPLICANT'S DATE OF BIRTH: _____

What is your gross monthly household income (before taxes are taken out)? _____

Including you, how many family members are part of your household? _____

Do you qualify for any government subsidized programs (TANF, Medicaid, SNAP, etc.)? Yes No

If yes, please indicate which subsidies you receive below and attach proof of the subsidy for the current year and applicant. **No additional financial documentation is needed if you receive and have documentation for one of the above.**

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: _____

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 ext. 0, or via email at info@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 Policies stated above.

Applicant Signature: _____ Date: _____

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