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.
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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### Household Income Limits

<table>
<thead>
<tr>
<th>Full Scholarship</th>
<th>Partial Scholarship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Number in household</strong></td>
<td><strong>Gross Monthly Income</strong></td>
</tr>
<tr>
<td>2</td>
<td>$3,495</td>
</tr>
<tr>
<td>3</td>
<td>$3,933</td>
</tr>
<tr>
<td>4</td>
<td>$4,367</td>
</tr>
<tr>
<td>5</td>
<td>$4,717</td>
</tr>
<tr>
<td>6</td>
<td>$5,067</td>
</tr>
<tr>
<td>7</td>
<td>$5,417</td>
</tr>
<tr>
<td>8</td>
<td>$5,767</td>
</tr>
<tr>
<td>Each additional person</td>
<td>Add for each: $450</td>
</tr>
</tbody>
</table>
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: ________________________________
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