



**Erie Art Museum**  
*Be moved.*

For Administrative use only

|                    |            |
|--------------------|------------|
| Date Received      | Approval 1 |
| Record in database | Approval 2 |
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**Deadline**  
Applications must be received 2 weeks before the class start date.

## SCHOLARSHIP APPLICATION FORM

(please print)

**Student Information:**

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Student Age & Grade: \_\_\_\_\_

Student School: \_\_\_\_\_



(if student is under 18)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Email: \_\_\_\_\_

Has the student ever participated in Erie Art Museum programs? YES or NO (Circle)

Has the student received an Art Education Scholarship previously? YES or NO (Circle)

How did you hear about our scholarship program? \_\_\_\_\_

Class Name \_\_\_\_\_

We request that scholarship students pay at least 50% of the tuition cost.  
If you can afford to pay more than 50%, how much are you able to contribute? \_\_\_\_\_

**Scholarship students are expected to attend all class sessions.**

Person completing form: \_\_\_\_\_

Relationship to student (check box):  Teacher  Parent  Self  Other: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**We are pleased you are applying for an Art Education Scholarship.  
How will this student benefit from taking a class at the Erie Art Museum?**

**What financial circumstances apply to this student's situation?**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mail your completed application to:**

Scholarship Program  
Erie Art Museum  
411 State Street  
Erie PA 16501



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