



Art Class Scholarship Program 2019 Application

Please print, complete, and submit (along with letter of referral) to:

Fox Cities Building for the Arts
Attn: Scholarship Committee
111 West College Avenue
Appleton, WI 54911

We recognize that family financial circumstances may sometimes limit the accessibility of art camp programs for some children and we want to ensure that our classes and camps are open to as many young artists as possible. For this reason, the Trout Museum of Art has established a scholarship fund for our classes and camps.

Scholarship funding is used to decrease the financial burden of sending a child to participate in one of our classes for those families that would otherwise not be able to afford the cost of participation. Applications are received and reviewed on a rolling basis throughout the year with a request that the application and letter of referral be submitted no later than 5 business days prior to the beginning of the earliest requested class time

If you have any questions about the application, the scholarship program, or the camp options, please contact Marci Hoffman at mhoffman@troutmuseum.org.

Applicant Information

Child's First Name: _____ Child's Last Name: _____

Date of Birth: ___/___/___ Age: _____ Grade: _____

School District: _____ School: _____

Parent/Guardian Name: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ E-mail: _____

Please share any allergies, food restrictions, or other needs you think we should be aware of:

Briefly describe why the committee should consider your child for scholarship support (include information on child's art interest and ability):

Family Financial Need

Scholarships are awarded based on financial need. Please briefly describe your situation and why you need assistance from the scholarship fund (special circumstances, public assistance programs you qualify for, or recent events that impact your financial situation): _____

Household Size: _____ adults _____ children

Letter of Referral:

Scholarship applications must be accompanied by a letter of referral advocating for the child’s need for a scholarship. This letter can be written by a teacher, coach, school principal, pastor, counselor, or other community professional who knows the child and family. This letter cannot be written by a family member or personal friend.

Name of Person Writing Referral: _____ Position: _____

Name of School/Agency/Etc.: _____

Daytime Phone: _____ E-mail: _____

Ability to Pay and Course Preferences:

Available scholarship funds are limited — to help the most students possible, please indicate your family’s ability to pay. Note: Requests for 100% scholarship funding are not considered at this time.

Tuition: (\$165-\$205/class or camp) Amount your family can afford to pay: \$_____

Class Choices: Scholarships are also subject to class size limits. Please indicate your first and second choices.

1st Choice: Camp Name: _____ Dates: _____ - _____

2nd Choice: Camp Name: _____ Dates: _____ - _____

I attest that the information provided on this application is truthful and that our financial circumstances would prevent my child from attending an art class without support from the scholarship fund. I promise to ensure my child the support necessary (transportation, etc.) to attend all classes they are enrolled in and will notify the Trout Museum of Art as soon as possible if unforeseeable events will prevent attendance on any given day.

I recognize that funds are limited and not all requests can be granted. The scholarship committee has sole discretion on which students will benefit based on their determination on how funds will be best utilized.

Please print, complete, and submit (along with letter of referral) to:

Fox Cities Building for the Arts
Attn: Scholarship Committee
111 West College Avenue
Appleton, WI 54911

Parent/Guardian Signature: _____ Date: _____