Worcester Art Museum | Adult Class Scholarship Form

The Worcester Art Museum Studio and Class Programs is pleased to be able to offer scholarships to adult students interested in participating in classes at the Worcester Art Museum and who need financial aid to do so. Students awarded scholarships are placed into classes which have scholarship placement spots and requests for specific sessions and classes cannot be guaranteed. The Museum reserves the right to cancel scholarships at any time for any reason.

In order for the Scholarship Form to be complete all sections must be filled in - Student Information, Referral Information, Class Interests, Household Information, and Acknowledgment of Scholarship Application Terms. Either a Letter of Referral from a non-related teacher, school principle, pastor, counselor, or health care provider who can attest to your financial need OR a tax form must be submitted for income verification. Tax forms will be returned or destroyed - they are not kept on file.

A scholarship application must be submitted for each session. Letters of referral are good for one year from the date submitted. Submission of the Scholarship Form does not guarantee that a scholarship award or placement in a class. Paper forms are available, please contact us at the number below.

Questions can be directed to Ruth Hemenway: ruthhemenway@worcesterart.org or 508-793-4339

Student Information

First Name ___________________________ Last Name ___________________________

Primary Phone (Valid phone number required) ___________________________ Alternate Phone Number ___________________________ Email ___________________________

Street ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Other Information: Please note any health, mobility, behavioral, access, or learning considerations we should be aware of. ____________________________________________________________

__________________________________________________________

Emergency Contact

Name of Emergency Contact ___________________________ Relation to you ___________________________ Phone Number ___________________________

How did you hear about our Scholarship Program? (Please check one)

O Word of Mouth  O Search Online  O Facebook  O Referral  O Other:__________________________

Are you applying for the first time? (Please check one)  O Yes  O No

Office Use Only: Scholarship Awarded  Y  N  Course(s) ___________________________

Notes: ___________________________
Referral Information

I choose to provide the following (Please check one)
- A referral letter from the individual identified below
- A copy of my most recent taxes (We shred all tax documentation)

Referral Name ____________________________________________
Position __________________________________________________
Name of Organization ______________________________________
Street ______________________________________
City ______________________________________
State __________________________ Zip Code ____________
Primary Phone __________________________ Email __________________________

Refer: __________________________
Name: __________________________
Position: __________________________
Name of Organization: __________________________

Class Interests

Note: Due to the large number of qualified applicants, placement in classes is not guaranteed. Students who qualify but cannot be placed will be held for the following session. See the current class brochure or go to worcesterart.org/classes for more information on class offerings.

Please indicate the type(s) of courses you may be interested in

________________________________________________________________________

Have you ever taken art classes at the Worcester Art Museum or anywhere else?

________________________________________________________________________

What interests you about taking classes at the Worcester Art Museum?

________________________________________________________________________

________________________________________________________________________

Household Information

Total Annual Household Income
- $0 - $10,000
- $10,001 - $20,000
- $20,001 - $30,000
- $30,001 - $40,000
- If above $40,001, please indicate amount __________________________

How many wage-earning adults live in your household? _____________

How many non-wage earning adults live in your household? _____________

How many children 18 years old and younger living in your household _____________

Please indicate any special circumstances that you feel influence your financial situation.

________________________________________________________________________

________________________________________________________________________

Acknowledgement of Scholarship Application Terms

By signing below I certify that the information submitted in this form is correct at the time of the application. I also acknowledge that submission of this form does not guarantee a scholarship award or placement in a class for myself and that scholarships awarded have no financial value to the awardee or their relations or guardians. The Museum retains the right to cancel a scholarship at any time for any reason. I acknowledge that this Application is not complete without the accompanying referral letter or tax form.

Signature __________________________________________
Date __________________________________________