Worcester Art Museum | Youth 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.

A Letter of Referral from a non-related teacher, school principle, pastor, councilor, or health care provider who can attest to your financial need OR documentation that indicates financial need such as receiving the school free lunch program, SNAP, SSI, or a copy of your most recent taxes. 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 or financial verification 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

Date of Birth

Primary Language

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

Are there any custody issues we should be aware of?

Does this student have an aide in school? O Yes O No

Parent or Guardian Information

First Name

Last Name

Street

City

State

Zip Code

Primary Phone (Valid phone number required)

Alternate Phone Number

Email

Emergency Contact for Student

Name of Emergency Contact

Relation to student

Phone Number

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
- Financial Documentation

Referral Name: ____________________________
Position: ____________________________
Name of Organization: ____________________________
Street: ____________________________
City: ____________________________
State: ____________________________
Zip Code: ____________________________
Primary Phone: ____________________________
Email: ____________________________
Date Reference Requested: ____________________________

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

- Digital Arts
- Drawing
- Drawing & Painting
- Mixed Media
- Painting
- Photography
- Printmaking
- Sculpture
- Watercolor
- Other: ____________________________

What interests the student or their parent/guardian about 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
- 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.

________________________________________________________________________
________________________________________________________________________

Parent/Guardian 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 the student being applied for 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 financial documentation.

Signature: ____________________________
Date: ____________________________