



GLASS ART KALAMAZOO

GALLERY AND STUDIOS

GlassArtKalamazoo.org

2018 Youth Scholarship Application

Student Name: _____

Age: _____ Gender: M__ F__ Other__

Address: _____ City: _____ State: ____ Zip: _____

Parent's Name: _____ Daytime Phone: _____

Evening Phone: _____ E-mail: _____

Glass Art Kalamazoo Program desired to receive a scholarship for:

Full cost of class: _____

If a partial scholarship is available, what portion of this class could you pay?

We have special scholarships available for children currently living in a foster-care environment. Would there be interest in applying for this scholarship?

(Circle) Y N

Is transportation available to/from class? (Circle) Y N

Eligibility for scholarships is limited to one per year, per student, for a maximum of two years.

On the back of this form, please tell us why you would like to attend the class at Glass Art Kalamazoo.

For Office Use Only ----- Date Rec'd: _____ Scholarship Awarded: _____ Source: _____ Confirmation Sent: _____

Please describe your interest in glass art and why do you want to attend this class at Glass Art Kalamazoo:
