



SCHOLARSHIP APPLICATION YOUTH

STUDENT/CHILD INFORMATION	
STUDENT NAME:	
DATE OF BIRTH:	SEX (circle one): Male Female
SCHOOL:	
TEACHER'S NAME:	
PARENT/GUARDIAN INFORMATION	
PARENT/GUARDIAN NAME:	
MAILING ADDRESS:	
CITY, STATE, ZIP:	
COUNTY AND STATE OF RESIDENCY:	
DAYTIME PHONE:	CELL PHONE:
EMAIL:	

Please indicate your child's first, second and third choices for workshops. We will do our best to place them in one of their choices if they are awarded a scholarship. Incomplete applications will not be considered and will be returned.

	1 st Choice	2 nd Choice (if appropriate)	3 rd Choice (if appropriate)
WORKSHIP ID			
INSTRUCTOR			

APPLICATIONS FOR YOUTH SCHOLARSHIPS

Must be received by: May 1, 2018

- Please enclose a letter stating your financial need and how the workshop would benefit your child.
- This application and your letter are all you need to apply for Youth Scholarships.
- Please do not send artwork.

Notification Date: June 1, 2018

Return this application and application materials to:
 Peninsula School of Art - P.O. Box 304, Fish Creek, WI 54212.
 Any questions, please call 920.868.3455