

ARTISTRY

Scholarship Application

Policy

Artistry has received a limited amount of funds to provide scholarships to interested and qualifying individuals, adults or children, who wish to take a class here at Artistry but are unable because of the cost of the class.

An individual will qualify if their monthly income falls below the established qualifying guidelines or if the individual is a child and the family's income falls below the established qualifying guidelines or if the child has a parent that is a member of a branch of the United States military who is deployed to active duty. Scholarships are available in an amount equal to no more than one half of **member** tuition for the class, and are limited to **one** scholarship to any **one** individual each quarter and a maximum of two quarters each year. In addition, please remember that a scholarship can only be granted if funds remain in the Scholarship Fund for the current calendar year.

Your first step is to complete this Application, then mail it along with registration information to Artistry, Attention Education Program, at 1800 West Old Shakopee Road, Bloomington, MN 55431. (Note: All names and financial information provided on this application are considered private data on individuals and are subject to privacy of information provisions pursuant to state and federal laws.)

The next step is review and granting of the scholarship by Artistry. Once that is complete, you will be notified of the amount of the scholarship and the balance due for the class. At that point, you will complete registration.

Completion of this Application does not guarantee granting of a scholarship or acceptance of your registration.

Household Size (all individuals living at home) _____

Monthly Income (before taxes) _____

(Income is defined as any amount received from the following sources for all members of the household: Earned Income, Public Assistance, Child Support, Social Security, Interest, Dividends & Estate/Trust, Pensions/Annuities & PERA, Disability or Workers Compensation, Unemployment Compensation, all other income received by household.)

Extenuating Circumstances *(If there are any you would like considered, please describe on a separate page.)*

I certify that this information is true and correct. Date _____

Signature of Applicant/Person Completing the Application _____

Name of Applicant/Person Completing the Application _____

Address _____

City/State/Zip _____

Telephone _____ E-mail _____

* * * CLASS REGISTRATION * * * * *

Class Number and Title _____ Session _____

Student's Name _____ Age (if under 18) _____

Class Amount \$ _____ less Scholarship Amount \$ _____ = Total Due \$ _____

* * * CLASS REGISTRATION continued * * * * *

Class Number and Title _____	Session _____
Student's Name _____	Age (if under 18) _____
Class Amount \$ _____ less Scholarship Amount \$ _____	= Total Due \$ _____

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Student's Name _____	Age (if under 18) _____
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