



Instructions: Please email a scanned copy of this completed application along with 1-3 attachments of the student's artwork to KatieWhysongScholarship@gmail.com

STUDENT INFORMATION:

Student Name: _____

Home Address/City/State/Zip: _____

Class the Student Wishes to Attend: _____

Studio & Location of Class: _____

Day/Time of Class: _____ Total Cost: _____

School Name & District: _____ Grade: _____

FAMILY INFORMATION:

Number of Parents/Guardians in Household: ___ One ___ Two Number of Children in Family: _____

Parent/Guardian 1 Name: _____

Email: _____ Telephone: Cell _____

Job Title: _____ Employer: _____

Parent/Guardian 2 Name: _____

Email: _____ Telephone: Cell _____

Job Title: _____ Employer: _____

Family's Total Annual Income: ___ Less than \$50,000 ___ \$50,001 -\$80,000 ___ \$80,001 -\$110,000

From whom/where did you hear about this scholarship? _____

Will the Student Have Reliable Transportation To & From All Classes/Lessons? _____

**Please be advised that attendance is essential. Three or more absences may lead to the scholarship being revoked and awarded to another child.*

Please explain why your child wishes to attend art classes and why this would be a meaningful experience for them.

Please briefly describe why you are requesting to receive financial assistance.

Please share any additional information.

Parent/Guardian Signature: _____ Date: _____

