



**James A. Michener Art Museum Academic Year Scholarship Application**

The Robert V. Nesi Art Scholarship  
The Holly Berry Memorial Scholarship Endowment  
The Volunteer Scholarship for Arts Education  
Doris Weiss Education Gallery Endowment  
Anonymous Donor

Thank you for your interest in applying for a school year (fall, winter, spring) art class scholarship at the James A. Michener Art Museum. Summer camp will have a separate application.

The James A. Michener Art Museum offers need-based scholarships for youth art classes and summer camps to families in the community with a demonstrated financial need.

Pending the availability of sufficient funds, the scholarship is good for one school-year’s cycle of classes (fall, winter, spring sessions), as well as a one year household membership to the Museum.

**Application:**

In order for applications to be considered, the following materials must be completed and returned to Andrea Thompson **by August 1 (for fall classes) or December 1 (for winter/spring classes):**

- o Student & Parent/Guardian/Caregiver Information
- o Household Information
- o Medical & Emergency Contact Information
- o Sponsor Recommendation Form

Items can be submitted separately, but will only be reviewed after we have received **all** of the above components. Incomplete applications will not be considered.

**For Further Information:**

Please contact Andrea Thompson at 215.340.9800 x115 or [athompson@michenerartmuseum.org](mailto:athompson@michenerartmuseum.org)

**Awards:**

The James A. Michener Art Museum’s need-based scholarships are awarded only to families with a demonstrated financial need. The Department of Arts Education will review all applications with due diligence before awarding scholarships. The Museum may request additional information from applicants prior to finalizing awards. The Museum reserves the right to revoke scholarships at any time for any reason. Submission of scholarship application does not guarantee an award or placement in a class.

**Please mail the completed application to:**

Andrea Thompson  
Scholarship Program  
James A. Michener Art Museum  
138 South Pine Street  
Doylestown, PA 18901

<p><b>DO NOT WRITE IN BOX. OFFICE USE ONLY.</b></p> <p>Child Name: _____</p> <p>Scholarship Awarded: <b>Y N</b></p> <p>Course(s):</p>
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School-year scholarship applications are reviewed and awarded during the month of August by the Department of Arts Education. It is to your advantage to apply early because the awarding of scholarships is dependent upon the availability of sufficient funds and age-appropriate courses.

The James A. Michener Art Museum is an independent, non-profit organization committed to serving the community through its diverse educational arts programs. The James A. Michener Art Museum does not discriminate on the basis of race, national origin, religion, gender, gender expression, age, disability, marital status, sexual orientation, or military status, in any of its activities or operations. We are committed to providing an inclusive and welcoming environment for all.



**Student Information:** To be completed by parent/guardian/caregiver. Please print. If applying for a scholarship for more than one child, please fill out this form **individually** for each child.

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has the student ever participated in James A. Michener Art Museum Programs?

Yes No

Has the student above received a James A. Michener Art Museum Scholarship previously?

Yes No

I need my child to attend: AM or PM classes. (Circle one)

NO PREFERENCE

**Parent/Guardian/Caregiver Information:**

(1) Name: \_\_\_\_\_

Address (if different from student's address above):  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(2) Name: \_\_\_\_\_

Address (if different from student's address above):  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of Person Completing Form (if different from above):  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**Household Information:** To be completed by parent/guardian/caregiver. Please print.

Total Annual Household Income (circle one)

\$0-\$10,000      \$10,000-\$20,000      \$20,001-\$30,000      \$30,001-\$40,000

If above \$40,001, please indicate amount: \_\_\_\_\_

How many people depend on this income? \_\_\_\_\_

Please address below any circumstances that you feel influence your current financial situation.

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**Parent/ Guardian Acknowledgment 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 James A. Michener Art 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Medical & Emergency Contact Information:** We will need this information in the event of an emergency. If applying for a scholarship for more than one child, please fill out this form **individually** for each child.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

Unique Learning Styles/Needs: \_\_\_\_\_

\_\_\_\_\_

Is the child's tetanus shot up to date?: Yes No

Health Insurance Carrier: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name person other than parent transporting child: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Sponsor Recommendation Form:** To be completed by a non-related school principal, teacher, counselor, youth program director, youth services director, community leader, or other program sponsor **who can attest to your financial need.** If applying for a scholarship for more than one child, please fill out this form **individually** for each child. If you are a parent/guardian/caregiver, please forward this page to the sponsor. **Sponsors should submit their recommendation form directly to:**

Andrea Thompson  
Scholarship Program  
James A. Michener Art Museum  
138 South Pine Street  
Doylestown, PA 18901

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Sponsor Telephone: \_\_\_\_\_ Sponsor Email: \_\_\_\_\_

I am pleased to recommend the above child for a scholarship to attend art class at the James A. Michener Art Museum because s/he does not have the financial means to participate without assistance (use additional space as necessary). S/he is deserving of this award because:

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