James A. Michener Art Museum Summer Camp 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 summer camp scholarship at the Michener Art Museum. School year classes (fall, winter, spring) will have a separate application.

The 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 a summer camp, 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 April 1:**

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

Items may 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

Awards:
The 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. The submission of a 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

Summer camp scholarship applications are reviewed and awarded during the month of April 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.

v.6.26.19
**Child Information:** To be completed by parent/guardian/caregiver. Please print. If applying for a scholarship for more than one child, please fill out this page **individually** for each child.

Today’s Date: ____________________

Child’s Name: ____________________________________________________________

Age: _______ Grade: _______ School: _______________________________________

Child’s Home Address: ___________________________________________________

City: ___________________________ State: ___________ Zip: _________________

Has the child above ever participated in James A. Michener Art Museum Programs?  
  Yes  No

Has the child above previously received a James A. Michener Art Museum Scholarship?  
  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 child’s address above):

________________________________________________________________________

Cell Phone: _________________________ Home Phone: _________________________

Email: _________________________________________________________________

(2) Name: ____________________________

Address (if different from child’s address above):

________________________________________________________________________

Cell Phone: _________________________ Home Phone: _________________________

Email: _________________________________________________________________

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

________________________________________________________________________

Phone: ____________________________ Email: ________________________________

---

Summer camp scholarship applications are reviewed and awarded during the month of April 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.

v.6.26.19
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.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Parent/Guardian/Caregiver 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 application does not guarantee a scholarship award or placement in a class, 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 sponsor letter.

_________________________________________  ________________________________
Signature                                      Date

Summer camp scholarship applications are reviewed and awarded during the month of April 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.

v.6.26.19
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 page 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: ________________________________
**Camp Form:** 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.

I need my child to attend (circle one):

- HALF DAY
- FULL DAY
- NO PREFERENCE

AM or PM

I know my family/child is NOT AVAILABLE on the following dates/times:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Please indicate the type(s) of subjects your child may be interested in:

- Painting
- Watercolor
- Drawing
- Printmaking
- Mixed Media
- Sculpture
- Sewing
- Other: __________
Summer camp scholarship applications are reviewed and awarded during the month of April 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.

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

Child Name: ____________________________ Grade Level: ______

Sponsor Name: ____________________________

Relationship to Child: ____________________________

Organization Address: ____________________________

Sponsor Telephone: ____________________ Sponsor Email: __________________

____ (please check) I can attest to this family’s financial need

Please write a few sentences speaking to your experience with the child or family apply for scholarship: