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: ________________________________
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

**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: