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 **September 15 (for fall classes) or December 1 (for winter/spring classes):**

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

Items can be submitted separately but will only be reviewed after we have received all 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 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

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V 8.6.19
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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: _________________________

Email: ______________________________

(2) Name: _______________________________________________________________

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

________________________________________________________________________

Cell Phone: __________________________ Home Phone: _________________________

Email: ______________________________

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

________________________________________________________________________

Phone: ___________________________ Email: ________________________________

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V 8.6.19
**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 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.

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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 other than parent: ______________________________

Relationship to child: ______________________________

Phone Number: __________________ Email: __________________

Name person other than parent transporting child: ______________________________

Phone: __________________       Relationship: __________________
**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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SCHEDULE OF ART CLASSES FOR FALL

All materials are provided for children’s art classes unless otherwise stated.

Full class descriptions can be found on our website at

MichenerArtMuseum.org/art-classes-workshops/class-offerings/

<table>
<thead>
<tr>
<th>Class Description</th>
<th>Time</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning to Look and Listen (3-6 years with an adult) AM</td>
<td>10-11 am</td>
<td>Sept. 21 – Nov. 9, 2023</td>
</tr>
<tr>
<td>Learning to Look and Listen (3-6 years with an adult) PM</td>
<td>1-2 pm</td>
<td>Sept. 21 – Nov. 9, 2023</td>
</tr>
<tr>
<td>Discover Art (grades 1-4) AM</td>
<td>10am-noon</td>
<td>Sept. 23-Nov. 11, 2023</td>
</tr>
<tr>
<td>Discover Art (grades 1-4) PM</td>
<td>1-3 pm</td>
<td>Sept. 23-Nov. 11, 2023</td>
</tr>
<tr>
<td>Explore Art (grades 4-8) AM</td>
<td>10am-noon</td>
<td>Sept. 23-Nov. 11, 2023</td>
</tr>
<tr>
<td>Teen Portfolio Foundations: Drawing and Painting (grades 8-12)</td>
<td>10am-noon</td>
<td>Sept. 23-Nov. 11, 2023</td>
</tr>
<tr>
<td>Teen Open Studio: Drawing and Painting (grades 7-12) PM</td>
<td>1-3 pm</td>
<td>Sept. 23-Nov. 11, 2023</td>
</tr>
<tr>
<td>Stained Glass Workshop Series (teens and adults)</td>
<td>10-2pm</td>
<td>December 3, 10, 17</td>
</tr>
</tbody>
</table>

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