

**HYDE PARK ART CENTER**  
**Scholarship Program**

*The Hyde Park Art Center* has created a scholarship program based on financial need. Each quarter a limited number of scholarships that fund partial tuition are given to deserving students. Please fill out this application and return it to the Art Center at least two weeks before the program's start date (see class schedule for specific deadlines). Spaces are limited, so we encourage early submission of scholarship applications. Scholarship recipients must complete the entire 10-week session to be eligible for future financial assistance.

Adult responsible for this application: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Home address \_\_\_\_\_ Zip \_\_\_\_\_

Student (s) \_\_\_\_\_

If applicable: School (s) \_\_\_\_\_ Grade(s) \_\_\_\_\_

How did you hear about the Art Center? \_\_\_\_\_

**Student Information:**

How many people will be taking classes at the Art Center: \_\_\_\_\_

	Student:	Student:	Student:
	Age:	Age:	Age:
1. Which class(es) does the student want to take?			
2. Are you a Member or Non-Member at HPAC?			
3. What is the tuition for the class(es)?			
4. For how many quarters do you expect the students to be taking classes at the Art center this calendar year?			

What do you hope the student(s) will gain from attending the Hyde Park Art Center?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Financial Information:**

How many people does the household income support?

Children under 16 \_\_\_\_\_ + Adults \_\_\_\_\_ = Total \_\_\_\_\_

How much are you able to pay toward the cost of the class(es)? \_\_\_\_\_

What services/volunteer work could you contribute to the Art Center in exchange for tuition credit? (Helping with mailings, volunteering at exhibition receptions, organizing the studio spaces/supply areas, etc.)

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How many members of the household are employed? \_\_\_\_\_ Please indicate their names, place of employment, and relationship to the applicant:

Name _____ Employer _____ Position _____ Full or part-time? _____ Relationship to student(s) _____	Name _____ Employer _____ Position _____ Full or part-time? _____ Relationship to student(s) _____
Name _____ Employer _____ Position _____ Full or part-time? _____ Relationship to student(s) _____	Name _____ Employer _____ Position _____ Full or part-time? _____ Relationship to student(s) _____

How many members of the household, if any, are enrolled in college or university? \_\_\_\_\_

What is your annual household income and its source? Please include the total amount received from all sources. Consider salary and wages, child support, alimony, social security, inheritance, public assistance, regular contributions from people not living with the family, interest on savings and bonds, rental income, unemployment compensation, disability payments, pensions, investments, etc.

\$\_\_\_\_\_ Source(s): \_\_\_\_\_  
\_\_\_\_\_

If there are any extenuating circumstances or expenses that affect how your financial situation is reflected in your application, please explain (if necessary, you may use the back of the page for additional information):

List one person who knows the student(s) well (some suggestions include teachers, ministers, employers, and social workers)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to the student \_\_\_\_\_

I hereby state that all information is true and accurate. The information I have included here will only be used by the Hyde Park Art Center to determine financial need. The information will remain confidential.

signature

date

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