

MOLAA Summer Art Camp Scholarship Application 2011

A limited number of full and partial scholarships are available for MOLAA's Summer Art Camp. Scholarships will be distributed according to need. Priority will be given to families with limited incomes.

In order to be considered for a Summer Art Camp scholarship, you must

- Fill out the Basic Information section of this application
- Submit a letter of request.

Scholarships will be announced by June 10, 2011. Please fill out a separate application for each child.

PART 1: Basic Information

Mr. Mrs. Ms.

Please print clearly

First Name			
Last Name			
Child's Name			
Child's Age		First time at Summer Art Camp? YES NO	Are you a MOLAA member? YES NO

Address		Apt. #	
City, State		Zip Code	

Phone Number		<input type="checkbox"/> Home	<input type="checkbox"/> Mobile
E-Mail			

Occupation			
Are you a full-time student?			

Program Qualifications

Select the parameters that describe your household size and current annual gross income from all sources:

- | | |
|--|--|
| <input type="checkbox"/> Household Size: 1 - 2
Annual Income: up to \$19,000 | <input type="checkbox"/> Household Size: 3 - 4
Annual Income: \$19,001 - \$29,000 |
| <input type="checkbox"/> Household Size: 5 - 6
Annual Income: \$29,001 – \$39,000 | <input type="checkbox"/> Household Size: 7 - 8
Annual Income: \$39,001 – \$49,000 |
- I do not fit into the above categories. However, I do have extenuating circumstances that are outlined in the letter of request.

Scholarship requested: Full Scholarship Partial Scholarship

If awarded with a partial scholarship, how much could you contribute to your child's Summer Art Camp Experience?

\$_____._____

PART 2: Letter of Request

The letter of request must include the following information

- **What kind of an impact will a MOLAA Summer Art Camp experience have on your child?**
- **Are you currently enduring any type of financial hardship? (unemployment, loss of a spouse, disability, etc.)**

You may attach the letter to this application, or write it below:

DECLARATION: I agree that the information provided above, regarding my household size and gross annual income, is true and correct to the best of my knowledge. I agree to provide proof of income, if asked. I understand that if I receive the benefits without meeting the income qualifications for it, my scholarship will be immediately revoked.

Signature: _____

Date : _____