

Summer Arts @ the Museum 2007

Please use a separate Scholarship Application Form for each applicant (this form may be photocopied). Complete this form and return with registration form to:

Summer Arts @ the Museum
University of Virginia Art Museum
PO Box 400119
Charlottesville, VA 22904-4119

For more information
tel 434.243.2050
email summerarts@virginia.edu
web www.virginia.edu/artmuseum

Scholarship Application

For Scholarship Applicants

Applicants Name _____ Nickname/Preferred name _____

Please list two individuals who can support the student's interest in art and financial need. Recommended sources are art teachers, community leaders, or mentors. These persons should not be related to the applicant. If you are applying for both the Advanced Academy and Scholarship program only these two recommendations are required.

Name _____ Title _____

School/organization _____

Phone _____ Email _____

Name _____ Title _____

School/organization _____

Phone _____ Email _____

Will you need lunch provided? Yes No

Can you attend the programs without transportation to and from the Museum? Yes No

If transportation is available:

Is transportation needed? Yes No If yes, morning afternoon both

Pick up and drop-off location (same): _____

Contact person at Drop-off: _____ Phone _____

Describe your interests in art. Include any experiences you've enjoyed while creating art or participating in art activities. These experiences could be based on working with people or the materials and processes involved in art making.
