



KIMBALL ART CENTER SCHOLARSHIP APPLICATION

Please print clearly. Use one form per student. Applications must be submitted by the semester deadlines.

Due to the application process, there will be no extensions on application deadlines.

Summer 2009 (June, July, August) Deadline Monday, May 26th, 2009

Fall 2009 (September, October) Deadline Monday, August 17th, 2009

Winter 2009 (November, December) Deadline Monday, October 12, 2009

Spring 2010 (February, March, April, May) Deadline Monday, December 28th, 2009

STUDENT INFORMATION

STUDENT NAME _____

DAYTIME PHONE _____

EVENING PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL _____ BIRTHDATE: _____

ARTISTIC INTERESTS: check all that apply

- | | |
|---|--|
| <input type="checkbox"/> OIL PAINTING | <input type="checkbox"/> MIXED MEDIA |
| <input type="checkbox"/> ACRYLIC PAINTING | <input type="checkbox"/> CERAMICS/CLAY/POTTERY |
| <input type="checkbox"/> DRAWING | <input type="checkbox"/> SILVER SMITHING/JEWELRY |
| <input type="checkbox"/> 3D DESIGN/ SCULPTURE | <input type="checkbox"/> DARKROOM PHOTOGRAPHY |
| <input type="checkbox"/> GLASS FUSION/ GLASS BLOWING/ STAINED GLASS | <input type="checkbox"/> DIGITAL PHOTOGRAPHY |
| <input type="checkbox"/> 2D DESIGN | <input type="checkbox"/> PRINTMAKING |
| | <input type="checkbox"/> CHILDREN'S CLASSES |

GENDER: MALE FEMALE

IF THE STUDENT IS A CHILD:

PARENT/LEGAL GUARDIAN _____

CHILD'S AGE AND BIRTHDAY _____

CHILD'S SCHOOL _____

MENTOR/TEACHER NAME _____



Please enclose a letter stating your financial need and/or how the class or workshop at the Kimball would benefit you or your child. This application and letter are all you need to apply for a scholarship. Please do not send artwork.

The amount of the scholarship awarded will be accessed after the scholarship committee has gone over applications. Funding for a scholarship can vary. Students will be contacted by a member of the Kimball Art Center staff if a scholarship is awarded.

Please indicate your first, second and third choices for classes or workshops. The Kimball Art Center takes class and workshop choices into suggestion, although we cannot make guarantees due to class size limits.

1st Choice _____ 2nd Choice _____ 3rd Choice _____
Workshop _____
Instructor _____

Please describe physical limitations (walking stairs, etc.).

Amount of funding requested by student (total cost of the courses students are requesting scholarships for)

SCHOLARSHIP APPLICATION / APPLICATION CHECKLIST:

- Cover letter explaining your qualifications, your financial need and how this opportunity would contribute to your or your child's artistic development.
- Application Form

SCHOLARSHIP POLICY:

Scholarships offered at the Kimball Art Center are based on a scholarly and financial need and are accessed per semester.

If the Kimball Art Center cancels a workshop or class, students have the option to transfer to another workshop or class and apply the amount awarded to it, space permitting. If the student chooses to withdraw enrollment or awarded funding from a scholarship course, then they will lose their scholarship funding. Scholarships cover the cost of class fees; they do not cover materials fees unless materials are included in the classes or workshops.

x _____ I have read and I understand the scholarship policy. (Please initial)

Please mail to:

The Kimball Art Center, PO Box 1478 (USPS), Park City, UT 84060;
638 Park Avenue. (UPS, FedEx, etc.),

Please email to:

Jenny Diersen, Education Director education@kimball-art.org
435.649.8882 www.kimball-art.org