

Honolulu Museum of Art Young Artist Program

Scholarship Application Form (page 1)

Through the generous support of donors in the community, the Honolulu Museum of Art offers a limited number of scholarships for Young Artist classes. Please carefully read the information below.

Application Requirements:

- A portfolio of two pieces of the applicant's work in any medium. Printed photos or scans are acceptable.
- Two recommendation letters from the applicant's teacher, parent, or mentor.
- Complete the information on page 2 and submit with application requirements (In order to be considered for a scholarship, the Honolulu Museum of Art School must receive application requirements. The application will not be process if any of the requirements are not submitted).

Important Scholarship Information:

Scholarship applications will be reviewed by a committee. Once scholarships have been awarded, the scholarship is non transferable and cannot be redeemed for cash. The monetary value of each scholarship depends on the current semester's tuition cost. If the scholarship is not used, you forfeit the scholarship, but may reapply for a scholarship the following semester. The scholarship can be applied towards any 12 session Young Artist class or Art Camp classes, but will only cover partial tuition for the Art Camp class. The remaining balance of tuition must be made two weeks before the start of classes. The scholarship cannot be applied toward a Parent/Child class. Classes are subject to cancellation due to low enrollment.

Important dates:

June 30 – July 11, 2016 - Accepting applications. Deadline to submit requirements is **July 15**. Applications can still be accepted after **July 15**, if funds are still available.

July 26, 2016 - You will be notified via email if you are awarded a scholarship.

Please submit requirements to:

Attn: Scholarship Committee
Honolulu Museum of Art School
1111 Victoria St.
Honolulu, HI 96814

OR

Attn: Scholarship Committee (on subject line)
psalvador@honolulumuseum.org

Honolulu Museum of Art
Young Artist Program

Scholarship Application Form (page 2)

Applicant's First Name	Last Name	Birthdate
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Address	Apt#	City, State, Zip Code
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Present school	Grade	Age
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Allergies? Yes No If yes, please list allergies.

Special Needs? Yes No If yes, please list special needs.

Parent/Legal Guardian First and Last Name	Home/Cell Phone	Email Address (required to receive notices)
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Emergency Contact Name (other than parent)	Relationship to the child	Phone Number
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CLASS INFORMATION:

1 st choice class name	class time
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2 nd choice class name	class time
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3 rd choice class name	class time
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