## 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:**

### 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 student must be able to attend 80% of the classes (student cannot miss more than 4 classes in the Summer semester and no more than 2 classes during the Fall and Spring semesters).
- The scholarship cannot be applied toward a Parent/Child class.
- Classes are subject to cancellation due to low enrollment.

#### Important dates:

Nov 19 – Dec 10, 2016 - Accepting applications. Deadline to submit requirements is Dec 10. <u>If funds are still</u> available, applications can still be accepted after Dec 10.

Dec 24, 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	
Address	Apt#	City, State, Zip Code	
Present school	Grade	Age	
Allergies? □ Yes □ No	If yes, please list a	allergies.	
Special Needs? ☐ Yes ☐	No If yes, please	e list special needs.	
Parent/Legal Guardian First a	nd Last Name	Home/Cell Phone Email Address (required receive notices)	to
Emergency Contact Name (ot	her than narent)	Relationship to the child Phone Number	
Emergency Contact Name (of	nor than parenty	Trible Number	
CLASS INFORMATION:			
1 <sup>st</sup> choice class name		class time (9:00am OR 1:00pm)	
2 <sup>nd</sup> choice class name		class time (9:00am OR 1:00pm)	
3 <sup>rd</sup> choice class name		class time (9:00am OR 1:00pm)	