



### SCHOLARSHIP REQUEST FORM

Thanks for your interest in our art classes and in giving your child an opportunity for quality art education at the Art Museum. Please fill out the following form and return it to the Missoula Art Museum, Renee Taaffe, 335 N. Pattee, Missoula, MT 59802. We will let you know as soon as possible if we are able to offer you a scholarship at this time. If you have any questions please call 728-0447. **Please note: Scholarships are limited to one per child and are offered on a first come/first serve basis.**

#### SCHOLARSHIP REQUEST

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list first and second choices of the classes you'd like to take:

1. \_\_\_\_\_

2. \_\_\_\_\_

Please state why you feel this class you would benefit yourself or your child.

Is your child eligible for the free and reduced lunch program at school?

Yes \_\_\_\_\_ NO \_\_\_\_\_

Family Income: \_\_\_\_\_ Number in family: \_\_\_\_\_

The Missoula Art Museum strives to keep our classes as affordable as possible. Our class prices usually cover just the basic expense of materials and teacher's wages. We are asking parents requesting scholarships to pay at least \$15 towards the class fee. Any amount over \$15 would be greatly appreciated. Thank you.

Amount you will pay: \$15 \_\_\_ \$20 \_\_\_ \$30 more \_\_\_\_\_

I certify that the above information is truthful and accurate to the best of my knowledge.

Parent or guardian's signature

Date