



### Scholarship Fund

With the generous support of the Oklahoma City Clinic, this fund allows the museum to provide limited scholarship assistance for Museum School art camps.

Scholarships are based on financial need and are awarded on a first-come, first-served basis. We encourage you to apply as early as possible.

A parent or guardian must complete the application and will be required to pay at least 25% of the tuition. All information will be kept strictly confidential.

Please send a completed scholarship application and Museum School registration form with payment due to:

Museum School  
Oklahoma City Museum of Art  
415 Couch Drive  
Oklahoma City, OK 73102

If space is available in the camp(s) for which you are applying, and there are scholarship funds to cover your request, you will receive confirmation by E-mail. Otherwise, you will be notified by phone if a camp is full or if the scholarship fund is depleted.

Scholarship Application

Instructions:

1. Completely fill out this application. Use one form for each student.
2. All applications must be completed and signed by a parent or guardian.
3. Students are asked to write a brief paragraph stating why they wish to attend camp. Please include this with your application.
4. Also required is a completed referral form, which may be written by a teacher, school principal, pastor, counselor, or health care provider.

Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Are you part-time or full-time? \_\_\_\_\_

Are you married? \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

Net monthly income: \_\_\_\_\_

Have you previously been awarded a scholarship by the Oklahoma City Museum of Art?

Please explain your financial situation and why you require scholarship assistance.

Please have your child use the space below to write a brief paragraph stating why they wish to attend camp.

Submit copies of ONE of the following:

- Verification of eligibility to school's free or reduced lunch program
- Verification of household annual income

Please read and sign:

*The information provided above is complete and accurate to the best of my knowledge. If awarded scholarship assistance, I understand that it will be my responsibility to pay at least 25% of the tuition. Also, I understand that it is my responsibility to ensure that my child attends camps for all the dates and hours listed.*

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Scholarship Referral Form

Instructions:

1. Describe how this student would benefit from this experience
2. Any additional comments or observations about the student and their need for the scholarship would be appreciated. Please use the back of this paper or an additional page.

Name of person writing referral: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Name of School/Agency/Church: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

This scholarship is for: \_\_\_\_\_