

CARNEGIE MUSEUM OF ART

THE ART CONNECTION 2016-17

SCHOLARSHIP APPLICATION PACKET

Thank you for your interest in The Art Connection at Carnegie Museum of Art! We are proud to welcome 5th-9th grade students into this 18-week intensive each year. In order to make this opportunity available, we offer full and partial scholarships for families who demonstrate financial need. We welcome your application. Students who are awarded scholarships will be notified by September 16, 2016.

Please return completed application forms by July 13, 2016.

To Apply:

1. Determine which of our scholarships to The Art Connection you are eligible to apply for.
 - a. Full Scholarships for 100% of the price are available for families receiving public benefits from the Department of Human Services, or other forms of state/federal assistance.
 - b. Partial Scholarships for 50% of the price are available for families who do not receive public benefits from the Department of Human Services, but still have financial need.
2. Complete the one-page scholarship application.
3. Student completes the one-page Student Application.
4. Complete the Parent/Guardian Consent Form.
5. Send Scholarship Application, Student Application, and Parent/Guardian Consent Form to: TAC@carnegiemuseums.org or the mailing address below **by July 13, 2016**.

The Art Connection
Carnegie Museum of Art
4400 Forbes Avenue
Pittsburgh, PA 15213

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THE ART CONNECTION 2016-17

SCHOLARSHIP APPLICATION

Applicant Information:

Student Name: _____

Parent/Guardian Name: _____

Phone Number of Applicant (or parent/guardian): () _____

Financial information: Please check Section A or Section B and complete the requested information.

- Section A:** Our family receives public benefits from the Department of Human Services, or similar state or federal agencies.

You are eligible to apply for **100% scholarships** if you receive any of the following forms of assistance:

- Supplemental Security Income (SSI)
- Supplemental Nutrition Assistance Program (SNAP)
- Free or reduced cost school meals
- Medicaid or Medical Assistance
- Women, Infants and Children (WIC)
- Housing Assistance (Section 8)
- Refugee and Immigrant Assistan

If you do not receive one of the public benefits outlined above, but receive comparable form of state or federal assistance, please describe: : _____

- Section B:** Our family does not receive public benefits from the Department of Human Services, but has financial need.

You are eligible to apply for **50% Scholarships** based on income and financial need.

Number of people in household _____

\$ _____ annual household wages

\$ _____ other income (i.e. child support, unemployment compensation, student grants)

\$ _____ **total annual family income**

If you have additional circumstances beyond income that influence your financial need, please let us know: _____

Have you received a scholarship from Carnegie Museums in the past? []yes []no

How did you find out about the Carnegie Museums scholarship program? _____

The information I have provided on this form is correct. I understand that all information is kept strictly confidential and has been requested for the sole purpose of establishing financial need.

Signature: _____

Date: _____

CARNEGIE MUSEUM OF ART

THE ART CONNECTION 2016-2017

STUDENT APPLICATION (to be completed by student)

*Please return completed application forms by July 13, 2016 by email or mail to:

TAC@carnegiemuseums.org

The Art Connection
Carnegie Museum of Art
4400 Forbes Avenue
Pittsburgh, PA 15213

PLEASE PRINT CLEARLY

Your name _____

Your school _____

Home address _____

City _____ State _____ Zip _____

Your Age _____

What grade will you enter in September 2016? _____

Please answer all three questions.

Why would you like to attend Saturday art classes at the Carnegie Museum of Art? What do you hope to learn in the art classes? What inspires you to make art? Please attach an additional piece of paper if you need more space.

Student Commitment

I understand that I need to attend all 18 of the art classes on Saturdays. I promise to have good attendance and to be on time for my class every week. If I will be absent I will tell my instructor in advance and make up the work that I miss.

I will cooperate with both my museum teachers and my classmates. I will listen, participate in discussions, demonstrate good behavior and citizenship, and will work hard on all projects while I am in class.

(your signature)

YOUR PARENT/GUARDIAN WILL BE NOTIFIED PRIOR TO SEPTEMBER 16, 2016 IF YOU HAVE BEEN SELECTED TO RECEIVE A SCHOLARSHIP.

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*Parent/guardian must complete next page.
THE ART CONNECTION 2016-17

PARENT/GUARDIAN CONSENT FORM

*Please return completed application forms by July 13, 2016

Child's Name _____ Birth Date: _____ Gender: F / M

School in Fall 2016 _____ District _____

Parent/Guardian's name _____

Address _____ City _____ Zip _____

Email address _____

Best number to call on Saturdays (_____) _____

Parent/2nd Guardian's name _____

Address _____ City _____ Zip _____

Email address _____

Best number to call on Saturdays (_____) _____

Preferred class time: 10:15 a.m. - 12:15 p.m. ____ 1:15-3:15 p.m. ____ either ____
(Due to class enrollment limits, it may not be possible to accommodate your first choice.)

PARENT/GUARDIAN COMMITMENT:

I understand that if my child is accepted into *The Art Connection* program that s/he will be expected to attend a total of 18 classes on Saturdays at Carnegie Museum of Art. I understand that it is my responsibility to ensure that my child attends class each week. **I will arrange transportation to and from the museum for my child on Saturdays. If my child is sick or there is a family emergency, I will call the museum (412.622.3214) to request an excused absence.** I understand that more than two unexcused absences may result in my child's dismissal from the program.

I understand that The Art Connection program runs from fifth grade through ninth grade and that my child will be invited to return to the program each year on the basis of **attendance, behavior, and overall participation** in class activity. I will stress the importance of regular attendance and good behavior and I will communicate with my child about what he or she is learning in the program. I understand that lack of interest, poor attendance, or poor behavior may result in my child being dismissed from the program.

(signature of parent or guardian)