

OFFICE USE ONLY: WE Hrs ___ Scholarship Pay ___ Student Pay ___
Initial: Recommendation ___ Confirmation ___ Date ___



**Art Association of Jackson Hole
Application for Financial Aid**

The Art Association is dedicated to encouraging a vital, creative community by providing everyone with exposure to, education in, and enjoyment of a wide variety of art.

Avery Mathieu Youth Scholarship

Adult Scholarship

Student Name: _____

Parent(s)/Guardian(s) Name (if applicable):

Classes:

1. _____

1. _____

2. _____

2. _____

3. _____

Address

Phone

Box # or Street #: _____

Home: _____

City: _____

Business: _____

State: _____

Cell: _____

Zip: _____

Email: _____

Employer of Parent, Guardian or Student

Name: _____

Phone: _____

Financial assistance is based on factors such as scholarship funds available and class/workshop space. The **Art Association of JH** cannot meet full needs of all applicants. The **Art Association of JH** does not offer full scholarships for any class/workshop. Standard class/workshop scholarship breakdown: 25% Art Association Scholarship

25% Work Exchange (\$8/one hour volunteer work)

50% Student Payment

Please indicate any special circumstances that would influence your ability to adhere to this financial responsibility.

(OVER)

Please include a brief explanation of why taking this class is important to you!

Estimated annual family income (please check one):

Under 29,000___ \$29,000-\$49,000 ___ \$49,000-\$79,000 ___ \$79,000-\$100,000 ___

Over \$100,000___

Number of Adults in Household:

Number of Children (under 18) in Household:

To maintain the integrity of Financial Assistance you may be asked to submit a copy of your recently filed U.S.Federal Income Tax Return (Form 1040) -this tax return would be used for evaluation purposes only and would remain confidential.

I hereby certify that the information contained in this application is accurate and complete.

Parent/Guardian Signature: _____

Date: _____