

**Art Association of Jackson Hole
Application for Financial Assistance
Judie Schmidlapp Scholarship Fund**

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.

Name: _____

Mailing Address: _____

City, State Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

If a scholarship is awarded, what class would you like to attend:

Option 1. _____

Option 2. _____

Scholarship Amount Requested (50% of class maximum) _____

Employer

Name: _____

Phone: _____

Please provide a brief description of your financial situation/need for assistance.

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

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 strictly confidential.

I hereby certify that all written and verbal information I have provided has been truthful and without omissions to the best of my knowledge. Any false or misrepresentation of information will terminate the financial assistance.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Education Recommendation	
Financial Approval	
Scholarship awarded amount	
Applicant responsible to pay	