

**Art Association of Jackson Hole  
Application for Financial Assistance  
Avery Mathieu Youth Scholarship**

*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.*

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

Relationship to Student: \_\_\_\_\_

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

City, State Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Student(s) Name: \_\_\_\_\_

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

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

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

Scholarship Amount Requested (50% of class maximum) \_\_\_\_\_

**Employer of Parent, Guardian or Student**

Name: \_\_\_\_\_

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

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

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

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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	

When complete, form may be submitted to [signup@artassociation.org](mailto:signup@artassociation.org). Fillable online form is available via [artassociation.org/education/scholarships](http://artassociation.org/education/scholarships). Have questions? Call 307.733.6379 ext. 1



ART ASSOCIATION  
OF JACKSON HOLE

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