



Erie Art Museum
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For Administrative use only

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Deadline
Applications must be received 2 weeks before the class start date.

SCHOLARSHIP APPLICATION FORM

(please print)

Student Information:

Student Name: _____

Parent Name: _____

Student Age & Grade: _____

Student School: _____



(if student is under 18)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (W) _____ (H) _____

Email: _____

Has the student ever participated in Erie Art Museum programs? YES or NO (Circle)

Has the student received an Art Education Scholarship previously? YES or NO (Circle)

How did you hear about our scholarship program? _____

Class Name _____

How much, if any, can the family afford to pay toward this class? _____

Scholarship students are expected to attend all class sessions.

Person completing form: _____

Relationship to student (check box): Teacher Parent Self Other: _____

Phone: _____ Email: _____

**We are pleased you are applying for an Art Education Scholarship.
How will this student benefit from taking a class at the Erie Art Museum?**

What financial circumstances apply to this student's situation?

Signature: _____ **Date:** _____

Mail your completed application to:

Scholarship Program
Erie Art Museum
411 State Street
Erie PA 16501



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