EDUCATION SCHOLARSHIP GUIDELINES

Thank you for your interest in the Watermark Art Center Scholarship Program. We are committed to helping students of all ages and income levels pursue artistic interests.

Please note the following guidelines before completing the application:

1. Scholarships are awarded on the basis of need to one individual per household for one camp per year.

2. Scholarships may not cover the full cost of the camp. Funds are limited, so the scholarship award may not be enough to pay for the entire registration and supply fees. You are responsible for any remaining costs beyond the applicable scholarship amount.

3. Please indicate a second and a third class choice on your application, if possible. If we approve your scholarship application, but your first class choice is full or canceled, we will make every effort to secure enrollment in your second or third choice classes.

4. Scholarship applications are due at least 3 weeks before the start date of the camp desired.

5. You can deliver completed application to Watermark and drop it off at the front desk, or mail it to:

   Watermark Art Center
   505 Bemidji Ave N
   Bemidji, MN 56601
Watermark Art Center Scholarship Application Form

STUDENT’S NAME: ___________________________ BIRTHDATE: ______________

STREET ADDRESS: __________________________ PHONE: __________________

CITY: ___________ STATE: _____ ZIP CODE: ___________ EMAIL: ______________

PARENT/GUARDIAN NAME: ________________________________________________

CLASS REQUEST (Please Include Class Prices)

1st CHOICE: ___________________________________________________ PRICE: ____________

2nd CHOICE: ___________________________________ PRICE: ____________

3rd CHOICE: ______________________________________ PRICE: ____________

NUMBER OF PERSONS IN HOUSEHOLD: _____ MONTHLY INCOME AFTER TAXES: _____

STUDENT’S INTERESTS & ACTIVITIES: __________________________________________

___________________________________________________________________________

EXPLAIN NEED FOR SCHOLARSHIP AND REASONS WHY STUDENT WANTS TO TAKE
THE SELECTED CLASS

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

SPECIAL NEEDS, IF ANY: __________________________________________

___________________________________________________________________________

___________________________________________________________________________

SIGNATURE of applicant or guardian ________________________________________

NAME (printed) _______________________ DATE __________

Office Use Only:

Received Date: _____ Received by: ___________ Scholarship awarded in past year?: _____

Scholarship amount: __________ Date awarded: _____________ Declined: __________

Contacted: _________________ Registered date: __________ Registered by: __________