



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

1st class/workshop choice:

\_\_\_\_\_

2nd class/workshop choice:

\_\_\_\_\_

## Alice M. Jenkins Scholarship Fund Policy Statement

The Alice M. Jenkins Scholarship Fund is administered by Crealdé School of Art. Through private donations from Crealdé members and private foundations, this fund provides tuition assistance for children and young adults on the basis of interest and talent in the visual arts as well as financial need.

The following procedures will be adhered to for selection of scholarship recipients:

1. A parent, guardian, or other sponsoring adult/organization must make scholarship requests.
2. Only one grant per individual per session may be requested.
3. Scholarship requests are due at least two weeks prior to the beginning of a session. Incomplete applications will not be eligible for consideration.
4. Complete application includes the following:
  - a. A scholarship form must be completed by the applicant, his/her parent(s)/guardian
  - b. Provide proof of income (pay stubs or recent tax return are preferred)
  - c. A community reference (teacher, counselor, minister, etc.)
5. Members of the administrative staff and faculty will review scholarship applications. Approval will be based on financial need and interest or talent in the visual arts.
6. Each recipient will be notified by telephone or email.
7. Crealdé School of Art will provide equal consideration for scholarship awards to all children without regard to race, color, creed, physical ability, sex, age, or national creed.

***Return application to:***  
**Crealde School of Art**  
**Laura McBryde, Registrar and Office Manager**  
**600 St. Andrews Blvd.**  
**Winter Park, FL 32792**  
**Email: [scholarship@crealde.org](mailto:scholarship@crealde.org)**

### FOR OFFICE USE ONLY

Session

Received on

Approved on

Denied on

Course #

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# Student Scholarship Application

Child's Name

Date of Birth

Age

Grade

The following information is required by our grant funding sources. This information is optional.

Caucasian

African-American

Hispanic/Latino

Asian

Other

Parent(s)/Guardian Name

Address

Home Phone

Cell

Email Address

**1st Choice Class/Camp**

**2nd Choice Class/Camp**

**Please describe your or your child's reasons for applying for a scholarship (Be specific please):**

**Discuss your or your child's particular interest in art. What is your or your child's desired course of study?**

**Please provide a brief description of financial need. Provide proof of income with your application:**

**Special emotional, educational or accessibility needs:**

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*Signature of Applicant's Parent or Guardian*

*Date*

*Please return all pages completed incomplete applications will not be considered*

# Scholarship Sponsor Form

- *Please obtain a sponsor who will vouch for your character, talent and desire to receive art instruction and have that person fill out the Scholarship Sponsor Referral form.*
- **Sponsor (not a relative).** *They may submit their form with your application or send it directly to Crealdé School of Art. 600 St. Andrews Blvd Winter Park, FL 32792 or e-mail to [scholarship@crealde.org](mailto:scholarship@crealde.org)*
- **(Application will not be considered until all documents are received)**

Applicant's Name

The above named person is applying for tuition assistance for a class at Crealdé School of Art. The goals of our program are to enrich the student's understanding and appreciation of the visual arts. Please assess this individual's potential for this program.

Sponsor's Name

Relationship to applicant (can not be a family member)

Address

Phone

Please provide information regarding the applicant's interest and abilities in art. What benefits do you feel he/she will derive from participating in Crealdé's program?

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Sponsor's Signature

Date