

# The ART MUSEUM of Eastern Idaho

300 So. Capital Ave., Idaho Falls, ID 83402 ~ Phone 524-7777 ~ Fax 529-6666

## Scholarship Application

The education director awards scholarships to at-need students upon the review of the application and references.

Our scholarship funds are available to students under the age of 18.

All scholarship requests must be submitted with a letter of reference from a school principal, counselor, or social services agency worker who can vouch for the applicant's eligibility for the scholarship.

Applications must be received thirty days prior to the start date of the selected class.

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|                        |            |              |
|------------------------|------------|--------------|
| <b>Name of Student</b> | <b>Age</b> | <b>Grade</b> |
|------------------------|------------|--------------|

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**Parent or Guardian**

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|                |             |              |            |
|----------------|-------------|--------------|------------|
| <b>Address</b> | <b>City</b> | <b>State</b> | <b>Zip</b> |
|----------------|-------------|--------------|------------|

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|                  |                          |
|------------------|--------------------------|
| <b>Telephone</b> | <b>Emergency Contact</b> |
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**Special Needs (ADD, ADHD, Allergies, Meds)**

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**Special Circumstances for Need**

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**Agency of Referral or School**

*I would like to attend*

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**Class**

**Date & Time**

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**Signature of Parent or Guardian**

**Date**

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## Tell us about yourself . . . . .

Please describe what you love about art.

Have you made a cool art project lately? Tell us about it.

Do you have a drawing or painting that you would like to share with us?  
Please return it with your application. ( 8.5 x 11)