



Anderson Arts Center Summer of Festivals Scholarship Application 2021

Camper and Parent Information:

Camper's Full Name: _____

Parent/Guardian's Name(s): _____

Relationship to Camper: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

Emergency Contact Name: _____

Phone: (____) _____ - _____ Relationship to Camper: _____

Camper's Age: _____ Grade: _____ School: _____

Allergies: _____

Please circle camper shirt size: Child: XS S M L XL or Adult: S M L XL

Week Interested in attending:

Week 1 June 21-25

Week 4 July 19-23

Week 2 June 28-July 2

Week 5 July 26-30

Week 3 July 12-16

Week 6 August 2-6

All scholarships are for **one five day week of half day art camp, 8am-12pm.**

Camper Hobbies, Interest, and Extra Curricular Activities: _____

Camper Academic honors and awards (if applies): _____

Financial Information:

Number in Household _____ Do you qualify for free or reduced school meals? _____

Estimated Annual Household Income:

- Under 10,000 \$30,000 - \$40,000 over \$60,000
- \$10,000 - \$20,000 \$40,000 - \$50,000
- \$20,000 - \$30,000 \$50,000 - \$60,000

Please include with this application one of the following documents as proof of income:

- most recent pay stubs most recent personal bank statement most recent tax return W-2

List any extenuating circumstances (home mortgage, medical bills, indebtedness, additional dependents, etc.) that you consider relevant to demonstrating your financial need.

Has this camper been awarded a scholarship for our camp in the past? _____

Why does this camper deserve an Art Camp Scholarship: _____

I grant permission to Anderson Arts Center for use of photos of my child on the AAC website, in brochures, or on display boards at the AAC.

Yes _____ No _____

Mail or email completed application and proof of income to:

Tracy Weiss,
Exhibition Curator and Program Director
Anderson Arts Center, 110 Federal Street, Anderson, SC 29625
tracyw@andersonarts.org