2019 CHILDREN/TEENS SCHOLARSHIP APPLICATION – Ap be considered for scholarships. (Applications received after February)	oplications must be received by February 15, 2019 at Midnight MST to ary 15 will only be considered if space and funding permit.)
CHILD'S NAME	PARENT'S NAME
DAYTIME PHONE	
MAILING ADDRESS	
CITY STATE ZIP CODE	Please enclose a letter stating your financial need and how the workshop would benefit your child. This application and your letter are all you need to apply for Children's Scholarships. Please do not send artwork.
CHILD'S BIRTH DATE (REQUIRED) MALE FEMALE	
CHILD'S SCHOOL	
TEACHER'S NAME	
accompany this form.) 1st Choice	2nd Choice 3rd Choice
Workshop #	
Instructor	
SCHOLARSHIP DEPOSIT: If your child is awarded a scholarship, you will be aske reserve your space.	ed to submit payment of the remaining balance of the workshop in order to accept the scholarship and
	workshop and we are given the required 45 days' notice, we will refund your payment, less a \$75 ur child's workshop, no refund will be issued, i.e., you will forfeit your workshop payment in full. asferring to another workshop, space permitting.
I have read and I understand the cancellation policy. (Please in	nitial)
Parent's Signature	Date
Please mail to: Anderson Ranch Arts Center	AndersonRanch
PO Box 5598 Snowmass Village, CO 81615	arts center®
You may also fax this form to: 970-923-3871.	