



Art Scholarship Application

Parents Name _____ Todays Date _____

Students Name _____

Address _____ City _____ Zip _____

Phone number _____ Birthdate _____

Email _____

What arts class/ program will the scholarship be used toward? _____

Location of the class/program _____ Cost of class/program _____

Please give us a brief explanation of the circumstances that warrant your request for a scholarship:

This scholarship is available to residents of Garfield County ages 5 to18 for up to \$200 per year.
We offer scholarships for 50% of the cost of the class/program.
If approved scholarship will be paid directly to the school or program.

Complete the application and submit to:

Glenwood Springs Arts Council
Box 233 Glenwood Springs, CO 81602
970-355-9689

Form must be approved and you will be notified by email

Approved by _____ Date _____