

SANTA CRUZ MOUNTAINS ART CENTER
9341 Mill St. Ben Lomond, CA 95005

SCHOLARSHIPS POLICY

Adopted by the Board of Directors September 10, 2000

SCHOLARSHIPS POLICY

The Santa Cruz Mountains Art Center is dedicated to making opportunities to engage in art activities available to both children and adults. The center is also dedicated to encouraging budding artists to pursue their artistic efforts.

In fulfillment of these goals, the Santa Cruz Mountains Art Center has created a scholarship fund. From this fund, will be drawn moneys to assist children who would otherwise not be able to afford art classes at the center, and to assist emerging artists who are graduating from High School to pursue their arts education towards an arts career.

1. Scholarship funds will be procured through a specific scholarship fundraising or donation program.
2. In keeping with the policy and mission of the Art Center, scholarships for classes held at the Center will be given to students who can not afford the tuition and are especially talented and interested in the particular classes for which they request tuition.
3. The applicant for the scholarships must have a documented financial need or be a client of the Valley Resource Center or Healthy Start programs where they have already proven a financial need.
4. Scholarships will be limited to specific funds available.
5. A signed Application will be returned to the Center at least three weeks before the class begins.
6. Applications will be reviewed by the Education Committee of the Center and will be notified at least two weeks before the class is scheduled to begin. Applications will include a completed Applications Form and a letter of recommendation.

Application Form on the following pages

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Scholarship Application Form

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Please complete the following:

Name of Student _____

Name of Parent (if student is less than eighteen years old)

Address _____

Phone _____

Are you employed? _____

Class for which the scholarship is asked _____

Why do you want to take this class?

Please provide the monthly income information:

Salary/wages

Family funding

AFDC

Other income (be specific)

Please provide the following average monthly expense information:

Rent/mortgage

Utilities

Telephone

Child care

Children's activities

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Scholarship Application Form

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Household expenses

Food

Maintenance, repairs

Household items

Clothing

Transportation

Tuition (school fees)

Other (specify)

Signature _____ Date _____

Information provided above by the applicant will remain confidential.