



2018 Fall Scholarship Request Form for ARTLAB Afterschool and CoLAB

If you have any questions, please contact the Director of Youth Arts Programs and Outreach,
Jaclynn Hart at jaclynnhart@nhia.edu or 603-836-2119.

NAME OF STUDENT

ARTLABS AND COLABS ATTENDING (CHECK ALL THAT APPLY)

- | | |
|---------------------------------|------------------------------------|
| Tuesday ARTLAB 1, 10/2-11/13 | COLAB: Screen Printing, 10/26 |
| Thursday ARTLAB 1, 10/4 – 11/11 | CoLAB: Ceramic Sculptures, 11/16 |
| Tuesday ARTLAB 2, 11/27 – 1/15 | CoLAB Mixed Media Portraits, 12/14 |
| Thursday ARTLAB 2, 11/29-1/10 | |

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN'S NAME(S)	
HOME ADDRESS	
EMAIL	PHONE
PARENT/GUARDIAN'S NAME CURRENT EMPLOYER (Name and Address)	
PARENT/GUARDIAN'S NAME CURRENT EMPLOYER (Name and Address)	
HOUSEHOLD MONTHLY INCOME	ADJUSTED GROSS INCOME (from IRS form, 1040 or 1040EZ)
DO YOU RECEIVE CASH ASSISTANCE FROM STATE OR LOCAL GOVERNMENT? <div style="display: flex; justify-content: space-around;"> YES NO </div>	
IS THIS A SINGLE INCOME HOUSEHOLD? <div style="display: flex; justify-content: space-around;"> YES NO </div>	IS THIS A SINGLE PARENT/GUARDIAN HOUSEHOLD? <div style="display: flex; justify-content: space-around;"> YES NO </div>
TOTAL # of DEPENDENTS LIVING AT HOME	AGES



OPTIONAL

Any additional information you want us to consider when reviewing your scholarship request.

I certify that to the best of my knowledge all financial statements submitted are accurate.

Parent/Guardian's Signature: _____

Date: _____

Completed Scholarship Request Forms can either be mailed or emailed to:

Attn: Youth Arts

New Hampshire Institute of Art

148 Concord Street

Manchester, New Hampshire 03104

Or scanned and emailed to jaclynnhart@nhia.edu