



2018 Scholarship Request Form for ARTLAB Afterschool and CoLAB

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

NAME OF STUDENT

ARTLABS AND COLABS ATTENDING (CHECK ALL THAT APPLY)

- | | |
|--------------------------------|-------------------------------|
| ARTLAB Session 1a, 1/31 – 2/21 | ARTLAB Session 1b, 3/7 – 4/4 |
| ARTLAB Session 2a, 2/1 – 2/22 | ARTLAB Session 2b, 3/8 – 3/29 |
| ARTLAB Session 3a, 3/6 – 3/27 | ARTLAB Session 3b, 4/3 – 5/1 |
| ARTLAB Session 4, 4/5 – 4/19 | CoLAB, 2/9 |
| CoLAB, 3/9 | CoLAB, 4/6 |
| CoLAB, 5/11 | |

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? YES NO	
IS THIS A SINGLE INCOME HOUSEHOLD? YES NO	IS THIS A SINGLE PARENT/GUARDIAN HOUSEHOLD? YES NO
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: _____

Send completed Scholarship Request Form by mail to:

Attn: Youth Arts

New Hampshire Institute of Art

148 Concord Street

Manchester, New Hampshire 03104

Or scanned and emailed to jaclynnhart@nhia.edu