



## Summer Art Camp Need-Based Scholarship Application

The Application for Summer Art Camp at the Sarasota Art Museum must be submitted by May 27, 2025.

Student First Name

Student Last Name:

Date of Birth

Gender:

Preferred Pronouns

Street Address

City:

State:

Zip:

Phone Number:

International Students Country:

Non-US Mailing Address

---

### Family Information:

Name(s) of Parent/Guardian(s)

Parent Email Address \*

Name(s) of Parent/Guardian(s)

Parent Email Address

Current Occupation and Employer for each parent

Parent 1

Occupation

Employer

Parent 2

Occupation

Employer

Names of sibling(s) with ages of each. If any are in college, indicate the name of the college.

Name:

Age:

College:

### Financial Information

Parent(s) Adjusted Gross Income (Both parents combined)

\*Do your children receive free or reduced lunch?      Yes      No

Please explain any unusual circumstances or familial conditions affecting your financial situation that might be helpful in assessing your financial need. You may upload a file, should you need the space.

Parent/Guardian Signature:

Date:

Parent/Guardian Print Name: