

Center for Visual Artists

Scholarship Application



Contact Information

Student Name	Birthdate:
School Attends:	Grade:
Parent/Guardian Name:	Relation:
Street Address	
City/State/Zip	
Phone (work/cell/home)	
Email Address	

CVA Scholarship Type

Please identify which scholarship you are applying for & complete the corresponding field.

☐ Financial Need Scholarship ☐ Artistic Merit Scholarship

Financial Need Scholarship	Artistic Merit Scholarship
Number In Household ____	Age began Art-Making ____
Total Household Income	Previous Art Experience
<input type="checkbox"/> Under \$8,000	<input type="checkbox"/> Public School
<input type="checkbox"/> \$8,000 - \$12,000	<input type="checkbox"/> Private Training
<input type="checkbox"/> \$12,000 - \$15,000	<input type="checkbox"/> Self-Taught
<input type="checkbox"/> \$15,000 - \$20,000	<input type="checkbox"/> CVA Classes or Camps
<input type="checkbox"/> Over \$20,000	<input type="checkbox"/> None
Additional Scholarship Documents (Please Attach to your Application)	
1. Why do you need this scholarship? How this scholarship benefit your child?	
2. 2 Letters of Recommendation (teacher, principal, minister, neighbor, etc.)	
3. Financial Scholarship Only: List of total monthly income, monthly expenses & other unforeseen expenses (medical bills, etc.)	3. Artistic Merit Scholarship Only: 5 Images of Student's Work (not original artwork)

Specify ONE class, camp, or workshop you would like to apply this scholarship to.

Title:

Start Date:

We do not reserve your space until the scholarship is awarded. Application materials must be completed and returned to the CVA at least 2 weeks prior to the class/workshop/camp starting date. All application materials are required before being reviewed. No exceptions.

Please return this completed form to:

Center for Visual Artists, 200 N. Davie Street, Box 13, Greensboro, NC 27401
info@greensboroart.org * www.greensboroart.org * 336.333.7475 / 336.333.7485 * fax 336.333.7477

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