



Date Received _____
Reply Date _____
Scholarship Amount _____

Adult Scholarship Request Application

Student Name _____

Street Address _____ Zipcode _____

email _____

Home phone _____ Cell/Work _____

Are you currently a member? YES NO

For which class are you interested in receiving a scholarship? (A separate form is required for each request)

Title _____ Dates _____

Have you received scholarship assistance at the Rogue Gallery & Art Center before? Yes No

If yes, Class Title and Dates _____

Briefly state why you need scholarship assistance:

We may request that you provide household income totals, would you be willing to provide this information? YES NO

Scholarships do not include the materials for each class. We ask that students contribute what they can to support the art programs. Most adult scholarships are limited to half of the total price of tuition.

Please indicate the amount you can contribute:

More than Half Tuition: \$ _____ Half Tuition: \$ _____

Less than Half Tuition: \$ _____ Materials Only \$ 30 minimum

Signature of Student

Would you like to Volunteer at the Rogue Gallery? (NOT REQUIRED FOR SCHOLARSHIP APPROVAL)

- Event Set Up Auction Donation of Goods or Services (specify): _____
- Event Clean Up Hauling and Lifting Flyer Distribution
- Gardening Mailing Labeling Painting Walls or Pedestals
- Classroom Cleaning Front Desk Help Other (specify): _____

NAME: _____ PHONE: _____ EMAIL: _____