

**SCHOLARSHIP APPLICATION FORM**

**MEMBER'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**NAME OR I.D. NUMBER OF CLASS & START DATE** \_\_\_\_\_

\_\_\_\_\_

**ENTITY NAME AND MAILING ADDRESS OFFERING THE CLASS** \_\_\_\_\_

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**APPROVED** \_\_\_\_\_ **NON-APPROVED** \_\_\_\_\_

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**Scholarship Committee Chair**

**N.B.**

1. Scholarships are for up to \$50 per class and are for dues-paying members of the Leavenworth County Artists' Association.
2. LCAA checks will be made out to the institution, school, or person offering the class. The checks will not be made out to the individual member.
3. Each recipient is expected to provide an after-class review or presentation at a regular monthly LCAA meeting about the class and its value to the artist.