



Carolyn L. Jenkins Scholarship Application

Awards made possible through contributions to the School of Art Supporters, Inc.

Please print all information

Name _____

Address _____

Parent's Name (if student is under 18) _____

Phone: (home) _____ (work) _____ (cell) _____

Email _____ Have you previously received a C.J. Scholarship? Circle yes or no. YES NO

Recommending Teacher's Name _____

Name of class or workshop you would like to attend _____

Please explain why you would like to take this class _____

We award scholarship assistance based on your financial need and the students desire and talent. The amount of scholarship funding is limited and we would like to help as many students as possible.

Please tell us if you need a full scholarship. or if you can pay for part of your tuition costs.

I need a full scholarship. The tuition amount I am requesting is \$_____

I can pay for \$_____ and request a partial scholarship of \$_____

I hereby give the School of Art permission to release my name and/or photograph to publish the award of my School of Art's, Carolyn L. Jenkins Scholarship. Circle yes or no. YES NO

I hereby give the School of Art permission to verify any information in this application.

All information will be used only for the purpose of determining a scholarship and will be kept strictly confidential.

Signature of Applicant or Parent (if applicant under 18) Date

Mail to: School of Art Supporters, Inc. • PO Box 995 • Concord, NH 03302-0995