

**Kalamazoo Institute of Arts' Kirk Newman Art School Scholarship Application**

**CHILDREN** Pre-K to Grade 5 Semester (Check one): Fall \_\_\_ Winter \_\_\_ Spring \_\_\_ Summer \_\_\_

- *The entire form must be completed each term for applicant to be considered for a Kirk Newman Art School Scholarship including recommendations and pertinent financial information. Applicants must pay a lab fee.*
- *Attendance is taken in each class. Absences will affect future scholarship awards.*
- *For assistance or scholarship deadlines contact school registrar at 269-349-7775 ex:3101*

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Parent / Guardian Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Have you previously received a KIA scholarship? Yes \_\_\_ No \_\_\_ If Yes when? \_\_\_\_\_

**If scholarship is awarded in which class or camp will you enroll?**

First choice \_\_\_\_\_  
 Second choice \_\_\_\_\_  
*You may submit a recent example (but not required) of applicants artwork labeled with name, title and medium.*  
 title and medium; \_\_\_\_\_

Images of artwork can be emailed to [barbs@kiarts.org](mailto:barbs@kiarts.org) (preferred)

**Most scholarships are awarded based on financial need. Please explain any special circumstances.** Free or reduced lunch? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If awarded a partial scholarship would your child be able to take the class? Yes \_\_\_ No \_\_\_  
*A partial scholarship only covers a portion of the cost of the class.*

**RECOMMENDATION:** (Additional pages can be used and or sent to KIA school registrar, [barbs@kiarts.org](mailto:barbs@kiarts.org) from teacher, counselors, community or religious representatives.)

Please describe your relationship to this student \_\_\_\_\_

**Please circle appropriate number with 1 being the least applicable and 5 the most**

- Motivation 1 2 3 4 5
- Commitment to Learning 1 2 3 4 5
- Financial Need 1 2 3 4 5

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to provide transportation for my child to art class each week.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE GOAL OF THE KIRK NEWMAN ART SCHOOL** is to nurture artistic creativity in Southwest Michigan by providing high quality arts training at a reasonable cost for people of all ages and skill levels. The Art School maintains an open admission policy and does not discriminate on the basis of religion, race, ethnic origin, age or disability. The faculty are practicing artists interested in sharing their knowledge of art. Courses requiring a prescribed level of skill or class prerequisites are clearly distinguished in the course listings.