

Scholarship Policy

The Friends of Sharon Art Studio provide a limited number of full and partial scholarships for students in need of financial assistance. Scholarship applicants must pay the full class fee amount and, upon approval of a scholarship request, will receive a reimbursement for the scholarship amount.

FRIENDS OF SHARON ART STUDIO (FOSAS) SCHOLARSHIP POLICY

- **SCHOLARSHIP REQUEST DEADLINES FOR 2008 ARE AS FOLLOWS:**

<i>Spring registration</i>	<i>03/01/08</i>	<i>Scholarship requests due</i>	<i>03/14/08</i>
<i>Art in the Park reg.</i>	<i>04/19/08</i>	<i>Scholarship requests due</i>	<i>06/01/08</i>
<i>Summer registration</i>	<i>05/31/08</i>	<i>Scholarship requests due</i>	<i>06/13/08</i>
<i>Fall registration</i>	<i>08/23/08</i>	<i>Scholarship requests due</i>	<i>09/05/08</i>
<i>Winter registration</i>	<i>11/15/08</i>	<i>Scholarship requests due</i>	<i>12/01/08</i>

- All scholarship requests will be reviewed and put into an applicant pool. A lottery will be held from the applicant pool and approximately 5-10 scholarships will be awarded each session. The number of scholarships awarded is determined by the approved budget allocation for each session.
- **RESTRICTIONS: Scholarships are limited to 1 request per applicant per session.** Individuals may request no more than 2 full scholarships or 4 partial scholarships over the course of 1 year. A year is equivalent to four consecutive sessions. If you receive the maximum scholarship awards during the course of a year, the following year your request/s will be considered after new requests have been awarded. **SCHOLARSHIPS DO NOT COVER MATERIALS FEES.**

TO APPLY FOR A SCHOLARSHIP:

1. Obtain a scholarship request form from a staff member. The form should be filled out by an adult student, or by the parent/guardian of a child/youth student.
2. **Fill out the form and have an instructor sign the form to verify your enrollment in the class.**
 - **Partial Scholarships** - write a letter explaining your need for financial assistance.
 - **Full Scholarships** – write a letter explaining your need for financial assistance and **enclose an official document that describes your financial situation** (such as a copy of last year's tax return, a document from a social service agency, etc.)
3. **Return completed scholarship form and support materials to an instructor or the Executive Director of FOSAS or mail to FOSAS, 1032 Irving Street #520, SF, CA 94122 – Attn: Scholarships**

TO SUMMARIZE:

- Documents must be RECEIVED by the deadline to be eligible for consideration.
- Partial scholarship: (1) written letter; (2) scholarship form.
- Full scholarship: (1) written letter; (2) scholarship form; (3) substantiation of income.

SCHOLARSHIP AWARDS:

1. You will be notified regarding the status of your request before the session begins. If you are awarded a scholarship, you will receive a reimbursement check approximately 2-4 weeks after notification.
2. If you have questions, please call (415) 753-7004 for assistance.

FRIENDS OF THE SHARON ART STUDIO SCHOLARSHIP REQUEST FORM

Student Name (print clearly): _____ Date: _____

If student is a minor,

Name of person to receive reimbursement check: _____

Address: _____

City: _____ Zip: _____

Phone: _____ (home) _____ (work/other)

Your signature: _____

Signature of reg. team member taking registration: _____

Staff/Board/ Studio Asst. to sign to verify payment

I am requesting a scholarship for the following class (class code): _____

- I would like to receive a:
- 25% scholarship (attach a letter to this form--see policy sheet on back)
 - 50% scholarship (attach a letter to this form--see policy sheet on back)
 - full scholarship (attach a letter **AND** substantiation to this form--see policy sheet on back)

The class fee for this class is: \$ _____

NOTE: Scholarships are not applicable to Operations or Materials fee)

This class is in the:

<input type="checkbox"/> Spring	<input type="checkbox"/> Fall
<input type="checkbox"/> Summer	<input type="checkbox"/> Winter

This is a request for a:

- Senior (age 62+)
- Youth (indicate age): _____
- Adult (age 18 - 61)

For office use:

FOSAS approved: _____
FOSAS signature

Date approved: _____ Scholarship amount: \$ _____

Check #: _____ Issued by: _____