

**CONTINUING EDUCATION (CE) COMMUNITY SCHOLARSHIP  
FALL 2019 APPLICATION**

**Completed applications must be received by SEPTEMBER 6, 2019.**

CE Community Scholarships are designed for those without access to other resources to fund their CE studies.

- Scholarships cover partial tuition only for one regular CE class or workshop for adults. (*Master Classes are not eligible for scholarship assistance; high school programs require a separate application form.*)
- The remaining balance must be paid prior to the first class.
- Recipients are responsible for supplies required for their selected class. Course supply lists are available online ([www.pafa.edu/ce](http://www.pafa.edu/ce), attached to course descriptions) or available upon request.
- Scholarships may be transferred from one class to another in the event of a cancellation, but cannot be transferred from one semester to another.
- Scholarship awards may not be transferred from one individual to another.
- First-time applicants may receive priority for scholarship awards.

**APPLICATION REQUIREMENTS:**

All materials should be submitted together in one envelope. Be sure to review our complete application guidelines at [www.pafa.edu/ce-discountsandscholarships](http://www.pafa.edu/ce-discountsandscholarships).

- ☐ Completed application form
- ☐ Personal statement (one page explaining your artistic background/interests, why you would like to attend CE classes at PAFA, and why you are requesting scholarship assistance)
- ☐ Letter of recommendation from teacher or mentor

**MAIL APPLICATION MATERIALS TO:**

Continuing Education Programs  
Pennsylvania Academy of the Fine Arts  
128 N. Broad St.  
Philadelphia, PA 19102

For questions, contact the Continuing Education Programs Office at **215-972-2029** or [continuinged@pafa.edu](mailto:continuinged@pafa.edu).  
To view course information, please visit [www.pafa.edu/ce](http://www.pafa.edu/ce).

**Scholarship results will be announced by email by September 13. Scholarships require payment of the tuition balance prior to the first day of class to complete registration and confirm enrollment.**

*Please print legibly. All fields required, unless otherwise indicated.*

**REGISTRATION INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Nickname (optional) \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_

Parent/Guardian Name(s) (*required only for students under age 18\**) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate Phone Number (optional) \_\_\_\_\_

Email Address (*used for award notification*) \_\_\_\_\_

\* High school students under age 18 are encouraged to apply for scholarship assistance for PAFA's High School Saturday Classes via [www.pafa.edu/highschool-saturdays](http://www.pafa.edu/highschool-saturdays). All students under 18 are required to submit a completed **Parent/Guardian Consent Form** for participation in CE adult or high school student classes.

## COURSE SELECTION

Scholarship assistance applies toward ONE class; see choices below if including second course selection.

I am applying for scholarship assistance toward the following CE course or workshop:

Course # \_\_\_\_\_ Title \_\_\_\_\_

Day/Time \_\_\_\_\_ Instructor \_\_\_\_\_

☐ Non-Credit or ☐ Credit (if applicable) Tuition \$ \_\_\_\_\_ Lab/Mat Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

**For Office Use** Enroll? ☐ Yes ☐ No | Apply Scholarship Award? ☐ Yes: \$ \_\_\_\_\_ ☐ No

### (Optional) Course Selection #2:

Course # \_\_\_\_\_ Title \_\_\_\_\_

Day/Time \_\_\_\_\_ Instructor \_\_\_\_\_

☐ Non-Credit or ☐ Credit (if applicable) Tuition \$ \_\_\_\_\_ Lab/Mat Fee \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

I am including the above additional CE class as:

- ☐ An alternate option for scholarship consideration, in case my first choice class is cancelled or unavailable
- ☐ An additional course for registration (full tuition/fees would apply)
- ☐ Either as an alternate or additional course, depending on scholarship results

**For Office Use** Enroll? ☐ Yes ☐ No | Apply Scholarship Award? ☐ Yes: \$ \_\_\_\_\_ ☐ No

## REASON FOR SCHOLARSHIP APPLICATION

Responses are confidential. Check all that apply.

☐ Unemployment ☐ Fixed Income ☐ Student Loans ☐ Other Financial Hardship: \_\_\_\_\_

**PAFA Continuing Education awards a limited number of CE Community Scholarships, as determined by available funds.\* The more you can contribute, the more scholarships we can award.**

What amount can you contribute toward your class tuition\*\*? \$ \_\_\_\_\_

\* The CE Community Scholarship is made possible in part by a generous contribution from the Dry Family Foundation.

\*\* Art supplies are not included in tuition costs; applicants should consider this expense when estimating the amount they can contribute toward tuition payment. Please see course descriptions via [www.pafa.edu/ce](http://www.pafa.edu/ce) to view supply lists.

## AGREEMENT

I hereby state that all the information submitted in this application is true to the best of my knowledge. If I confirm/complete my enrollment for this class, I agree to abide by the policies and regulations set forth by Continuing Education Programs and the Pennsylvania Academy of the Fine Arts. (Signatures required.)

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**For Office Use** Tuition & Fees: \$ \_\_\_\_\_ Scholarship Award: \$ \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Payment Method: ☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx ☐ Check # \_\_\_\_\_ ☐ Cash

Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Address: ☐ Same as Above ☐ Other: \_\_\_\_\_

Book \_\_\_\_\_ Materials \_\_\_\_\_ Enrolled \_\_\_\_\_ Billed \_\_\_\_\_