

A limited number of scholarships are available for summer campers who meet special criteria. It is our sincere desire that no child be denied the opportunity to attend camp because of financial difficulties. PAFA works hard to raise scholarship funding, but we can make no guarantees. If you feel that your child qualifies for a camp scholarship, please fill out the application below for **each applicable child** and include a letter of recommendation from your child's teacher. Scholarships are awarded on a first come first serve basis. Incomplete applications will not be considered.

Name of Child:				Age:	Date:
Address:			City:		State:
Zip:	Has Your child previous	ly rece	ived a PAFA	camp scholarshi	p? Circle: Yes or No
Name of Mother/Guardian:			Address:		
City:		State:		Zi	p:
Phone:			Email:		
Name of Father/Guardian:			Address:		
City:		State:		Zi	p:
Phone:			Email:		
Gross Annual Household Income (before taxes):					tal number of dividuals in household:
School Name:			School Phone:		
Teacher's Name					
Please list the camps that y					We will try our best to honor
1. WeekCamp_	<u>:</u>				
2. WeekCamp_	:				
3. WeekCamp_	:				
4. WeekCamp_	:				

Please tell us why your child is an ideal candidate for a Summer Art Camp scholarship.	
<ul> <li>If awarded a financial scholarship I agree to have my child write/create a thank you for the received towards the summer camp scholarship.</li> </ul>	e generous donations
Parent /Guardian Signature:	Date:
Print Name:	<u> </u>

Please attach a letter of recommendation from your child's classroom teacher nominating your child for a Summer Art Camp scholarship.

**Email to:** <a href="mailto:artcamp@pafa.org">artcamp@pafa.org</a> [Scholarship application in the subject line]

**Fax to:** 215 567 2429 [ ATTN: Summer Art Camp]

Mail to: ATTN: Art Camp, Museum Education, The Pennsylvania Academy of the Fine Arts, 128 North Broad Street,

Philadelphia, PA, 19102

Summer Art Camp phone: 215 972 2054