

LANSING ART GALLERY & EDUCATION CENTER

Scholarship Application

Please return to 119 N. Washington Sq., Lansing, MI 48933 or Fax 517-374-6385

Name of Student _____

Address _____ Age _____

City _____ Zip _____

Phone _____ Email _____

Parent or Guardian _____

School _____

Scholarship eligibility: (check one)

My child receives

Free lunch program

Reduced lunch program

S.N.A.P. Supplemental Nutrition Assistance Program

I understand that Lansing Art Gallery will provide a half-day scholarship for one week of camp if this application is approved. If I choose to enroll in a full day scholarship for one week of camp, I agree to pay the \$25 lunch supervision fee for the week and understand that enrollment for the week of camp will be processed only after this \$25 fee is paid. My child would like to attend the following camp(s): _____

Signature of parent/guardian

date

Approved _____ For Program _____ dates _____

Section to be completed by Lansing Art Gallery