

# LANSING ART GALLERY & EDUCATION CENTER

## Art Camp Scholarship Application

Please return to: Lansing Art Gallery & Education Center, Attn: Education Director,  
119 N Washington Square, Lansing, MI 48933 or lagprograms@gmail.com

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

\_\_\_\_\_ SNAP - Supplemental Nutrition Assistance Program

\_\_\_\_\_ Other, please explain: \_\_\_\_\_

I understand that Lansing Art Gallery & Education Center 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 \$35 lunch supervision fee for the week and understand that enrollment for the week of camp will be processed only after this \$35 fee is paid. My child would like to attend the following camps(s) \_\_\_\_\_.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
date

Approved \_\_\_\_\_ For Program \_\_\_\_\_ dates \_\_\_\_\_

*Section to be completed by Lansing Art Gallery*