

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.

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