

Helen Day Art Center

90 Pond St | PO Box 411
Stowe, VT 05672

education@helenday.com
802.253.8358

Education Scholarship Registration Form

Student Information

Student Name: _____ Date: _____

Parent/Guardian (*if student under 18*): _____

Address: _____

Email: _____ Phone: _____

Birthdate (*if student under 18*): _____

Class/Camp Information

Class Name: _____ Tuition: _____

Student/Household Contribution Amount: _____
(*suggested amount: 30% of class cost or more/less depending on your means*)

How did you hear about this class/camp? _____

Household Information

All details will be kept confidential. Information will be used, in aggregate only, for grant applications so that HDAC can continue to access scholarship funds. Thank you for your help. Your participation is optional.

Household size (#): _____

Household income: *select one*

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$64,999
- \$65,000 to \$79,999
- \$80,000 or above

Please return this application to HDAC at least two weeks before the class/camp start date. For any questions, please call, email or stop by in-person.

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