

Helen Day Art Center

Application for a Class Scholarship

Student Name: _____ Date: _____

(If you are under 18) Parent Name: _____

If you are an adult) Occupation: _____

Address: _____

Email: _____ Phone: _____

Class: _____

Cost of class: _____

Student Contribution: _____

(a suggested amount of 30% of the total cost of the class or more/less depending on your means)

Scholarship Balance: _____

Please return this application to HDAC at least two weeks prior to the start date of the class you would like to attend.

If you have any further questions, please call, email or drop by.

Helen Day Art Center, PO Box 411, 90 Pond Street, Stowe, VT 05672

email: education@helenday.com

phone: 802-253-8358

Our scholarship fund is generously supported by:

**Hickok & Boardman, Ronald McDonald House Charities, Merchants Bank,
Depot Street Malt Shop, Stowe Insurance, Marc & Heather Palmer and John
& Anne Steel**