



Scholarship information for Maude Kerns Art Center

Maude Kerns Art Center provides scholarships to youth and adults.

The Vanguard Scholarships are in place to serve adults who are interested in the Arts and have a demonstrated financial need.

The Susi Larsen Memorial Scholarship Fund was established as a youth fund by the friends and family of Susan Lynn Larsen (1961-1996). In 1997, the first scholarship was awarded to a budding young artist. Since that first scholarship was given, over fifty students have received scholarships.

Scholarships are awarded on the basis of financial need. (Please see “Income Eligibility Guidelines” below) We can provide financial assistance to one student per class. Generally, we offer a scholarship to cover up to 50% of tuition, not including materials fees.

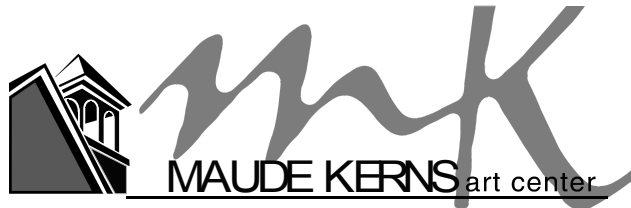
In order to continue to provide the best possible service, and to secure future funding for our scholarship program, we may ask you to provide information or documentation on your experience with the Art Center.

Income Eligibility Guidelines

The chart below is used by Educational staff to determine income eligibility for scholarships. *Please provide us with a copy of your most recent federal income tax return, or copies of your last two pay stubs so that we can verify your eligibility.*

The Maude Kerns Art Center Scholarship Guidelines		
Household Size	Adjusted Gross Monthly Income	Adjusted Gross Annual Income
1	\$957	\$11,491
2	\$1,279	\$15,350
3	\$1,602	\$19,224
4	\$1,924	\$23,097
5	\$2,246	\$26,956
6	\$2,569	\$30,830
7	\$2,892	\$34,704
8	\$3,213	\$38,563

Adjusted Gross income is defined as all countable income minus deductions. If there is more than one wage earner in the household and you file separately, we will need to see both tax records.



MAUDE KERNS art center

**1910 E. 15th Ave
Eugene, OR 97403
(541) 345-1571
www.mkartcenter.org**

SCHOLARSHIP APPLICATION

Date: _____

Applicant Information: Please Print or Type

First Name:	Last Name:	Middle:	
Street Address (Apt. #):	City:	State:	Zipcode:
Phone:	E-mail (print legibly):	Date of Birth:	
Age:	Gender: M ___ F ___	Race (optional)	Religion (optional):
School:	Does student receive reduced lunches? Y ___ N ___	Grade:	

Parent/Guardian Contact Information (If applicant is a minor)

First Name:	Last Name:	E-mail:		
Street Address (Apt.#):	City:	State:	Zip Code:	Phone:
Occupation/Employer:	Work Number:	Is it ok to contact at work? Yes _____ No _____		

First Name:	Last Name:	E-mail:		
Street Address (Apt.#):	City:	State:	Zip Code:	Phone:
Occupation/Employer:	Work Number:	Is it ok to contact at work? Yes _____ No _____		

1. Why do you (or your child) wish to be in the MKAC Art Program?

2. Please explain your financial need.

3. Please list any additional comments, questions, or concerns:

List classes in desired order of priority.

Class:	Day/Time:	Class Fees:
Class:	Day/Time:	Class Fees:
Class:	Day/Time:	Class Fees:

Signature _____ Date: _____

Thank You!