



Masters School of Art

Scholarship Application

Student Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Scholarship is needed for what term?: _____

Enrolling for full day? _____ Yes _____ No

List two people who will send letters of recommendation (name and phone):

1 _____

2 _____

Please check level of your anticipated combined household income

_____ Under \$15,000 _____ \$15,000 - \$25,000 _____ Over \$25,000

Has your child ever received a scholarship from MSOA in the past? _____

How many times? _____

Please give a brief statement that MSOA should take into account for granting a scholarship:

Statement: By signing, I confirm the accuracy of the information provided and understand that any false or misleading statements may invalidate my application. Also please note that if a 20% Sibling scholarship is all that you are requesting, an application need not be turned in.

Signature: _____ Date: _____

For office use only

Date application received _____

Application meets guidelines? _____

Reason for denial (if applicable) _____

Evie Fishkin _____

Board Member representative _____