

# CREATIVE PLAINS SCHOLARSHIP APPLICATION FORM



The Creative Plains Scholarship provides free access to Plains Art Museum art classes for school-aged youth (ages 6-18) with identified financial need. Youth are eligible for scholarships if they receive free or reduced lunch through the Title 1: National School Lunch Program. Scholarship recipients will receive art supplies to take home and four class credits to use at Plains Art Museum. This scholarship program is available thanks to the generous support of the [Creative Plains Foundation](#).

Scholarship applications can be completed by eligible students and/or teachers, parents, or guardians.

## Basic Information

Name:

Date of Birth:

Address:

Grade Level:

School:

If referred by a school teacher or Plains Art Museum staff, please list name:

Applicant is eligible for free or reduced lunch. Teacher/Parent/Guardian: please verify with signature:

\_\_\_\_\_

State why you feel this child (or you) would benefit from the experience of taking art classes at Plains Art Museum.

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## Contact Information

Parent/Guardian Name:

Email Address:

Phone:

Emergency Contact Name:

Emergency Contact Phone:

## Class Choice

List up to 4 classes / workshops you are interested in attending. View upcoming classes at <https://public.plainsart.org/public/YouthFamily.faces>.

1.

2.

3.

4.

Alternate:

If you have any questions or difficulty completing this form, please contact Plains Art Museum at 701.551.6147.

Please submit completed applications along with a completed **Liability, Photography, and Medical Release** (page 3) to [education@plainsart.org](mailto:education@plainsart.org). Applications are accepted on an ongoing basis.

**Parent’s or Guardian’s Agreement of Liability, Photography, and Medical Release**

*To be signed by authorized adults for program participants less than 18 years of age.*

I, the undersigned parent or guardian, understand the following when the undersigned minor participant participates at Plains Art Museum.

I, the undersigned parent or guardian, agree:

- a. to permit the Plains Art Museum to use all documentation methods, including without limitation photography, video, or printed materials created in conjunction with the project
- b. to give consent and authorize medical treatment to the minor participant which may be deemed advisable in the event of injury, accident, or illness during this activity
- c. to release Plains Art Museum from any and all liability for the minor participant as a direct or indirect result of the minor’s participation in the activity

**Please list any allergies, dietary needs, or medical conditions your child has:**

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I am further aware that it is my obligation to pick up the named person(s) below at the end of each day’s session at the time specified by the Plains Art Museum and that the Plains Art Museum has no responsibility for the supervision of the named person(s) after that time.

**Name(s) and phone number(s) of person(s) authorized to pick up child.**

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I, the undersigned, acknowledge that I have read and understand the above Waiver and Release.

Minor Participant \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_