

## Scholarship Application Form – 2012

STUDENT INFORMATION					
Last Name:			First Name:		
Address:		City:		State:	Zip:
Birth date:	Age:	Gender:	School attending:		Fall 2012 Grade:
PARENT/GUARDIAN INFORMATION					
Parent/guardian 1		Parent/guardian 2		PICKUP AUTHORIZATION	
Name:		Name:		<i>I authorize the following person(s) to pick up my child from Memphis College of Art:</i>	
Home phone:		Home phone:			
Work phone:		Work phone:		Name:	
Cell phone:		Cell phone:		Name:	
Email:		Email:		Name:	
MEDICAL/EMERGENCY INFORMATION					
Food allergies or dietary restrictions:			Allergies to medications, insects, etc.:		
List all medications and side effects:			<i>Does your child have any medical limitations or restrictions, accommodations needed due to a disability, conditions that may affect group learning, and/or additional medical information? Please use the back of this form to describe.</i>		
Pediatrician's name/phone:		Preferred hospital:		Insurance provider/policy #:	
<b>Emergency contact person (other than parents):</b>				<b>Emergency contact phone:</b>	

PORTFOLIO CONTENTS		
<p><i>Please check the <b>required</b> pieces included in the artist portfolio:</i></p> <p><input type="checkbox"/> Landscape</p> <p><input type="checkbox"/> Portrait</p> <p><input type="checkbox"/> Still Life</p>	<p><i>Please provide a title or description of any additional artwork (maximum 3 pieces):</i></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p><i>Please check that you have included the <b>required</b> contents of packet:</i></p> <p><input type="checkbox"/> Letter from Applicant</p> <p><input type="checkbox"/> Recommendation Letter</p> <p><input type="checkbox"/> Return Envelope with Postage</p>

### PLEASE READ AND SIGN

*As parent/legal guardian of the child named below, I give the staff of Memphis College of Art permission to seek medical attention for my child in case of accident or emergency. I understand that every effort will be made by MCA staff to contact me and/or the emergency contact person in the event of a medical emergency. Should any injuries occur during or as a result of participation in any Community Education class, camp session or workshop, I agree to indemnify and hold harmless Memphis College of Art and its employees, instructors and volunteers. I grant permission for my child to leave the MCA campus with staff supervision and walk to other locations within the boundaries of Overton Park. I grant permission to Memphis College of Art for use of any visual record of my child and/or their artwork for educational or publicity purposes, including use on the MCA website. I understand that late pickup of my child will result in additional fees. After a 5-minute grace period, a one-dollar per minute fee will be due at the time of pickup. This fee must be paid before my child will be admitted to the next class. I agree to abide by all policies and regulations of Memphis College of Art and the Community Education Program.*

**Parent / Legal Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### TO SUBMIT SCHOLARSHIP PACKET

<p><b>By mail:</b> Memphis College of Art Community Education 1939 Poplar Avenue Memphis, TN 38104</p>	<p><b>Walk in:</b> Gibson Hall 1939 Poplar Ave 8:30-4:30 Mon-Thu 8:00-12:00 Fri</p>	<p><b>Scholarship deadlines:</b> Complete packets must be submitted by 4:00 p.m. on the deadline date. No exceptions can be made.</p> <p><b>SUMMER ART CAMP: Last Thursday in April</b> <b>SATURDAY SCHOOL (FALL): Second Thursday in September</b> <b>SATURDAY SCHOOL (SPRING): Second Thursday in December</b></p>
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