

Return to Wesleyan Potters, 350 South Main St., Middletown, CT, 06457  
Attn: Scholarship Committee

Semester: \_\_\_\_\_

## WESLEYAN POTTERS, INC. SCHOLARSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Class wanted: \_\_\_\_\_

Tuition: \_\_\_\_\_ Time: \_\_\_\_\_ Dates: \_\_\_\_\_

Have you ever received a scholarship from Wesleyan Potters? \_\_\_\_\_

If so, when and for which class(es)? \_\_\_\_\_

Art background (if any)? \_\_\_\_\_

Write a brief statement of your reasons (or your child's) for wanting to take the class in this craft:

COLLEGE STUDENTS ONLY: Are you receiving financial aid from your college? \_\_\_\_\_

ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

Please return this form no less than two weeks before the start of class. ADULTS must enclose a copy of the first page of the previous year's income tax return. YOUTH applicants may enclose a letter of recommendation from a teacher in lieu of an income tax return, otherwise a parent or guardian's tax return should be submitted.

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**For office use only.** Scholarship Granted?      Yes      No      for \$ \_\_\_\_\_

Comments: \_\_\_\_\_

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