Return to: Wesleyan Potters, 350 South Main Street, Middletown, CT

Phone number: 860-347-5925 officemanager@wesleyanpotters.com

## Wesleyan Potters Scholarship Form

Semester:		
Applicant's Name:		
Contact Person if other than Applicant:	-	
Applicants Address:		
Contact's Phone #		
Applicants Phone #		
Circle Class Applying For: Pottery Weaving Jewelry		
Class Cost: \$ (materials not included) Time/Day	Number of sessions:	
Have you ever applied for Scholarship from Wesleyan Potters in the past?	Yes or No (please circle)	
If so, what class and when:		
Art Background (if any):		
Write a brief description of you reason(s) for wanting to take a class in this cra	ft:	
College Students only: are you receiving financial aid from your college?		
College name:		
(All information will be kept confidential)		

For the application to be considered by the Scholarship Committee it must be submitted no less than two weeks before the start date of the desired class.

Check	list: return date:		
	Completed application.		
at least	t one of the following		
	Adults must enclose a copy of the first page of the previous year's income tax return.		
	Youth Applications may enclose a letter of recommendation from a teacher in lieu of an income tax return.		
Or, if student cannot submit letter of recommendation from teacher, a parent or guardian's tax return must be provided.			
For office use	e only: Scholarship Granted: YES NO Amount granted \$ (class only	)	
Comments: _			
Signature: Date:			