



Date: _____

350 S. Main St., Middletown, CT 06457
860.347.5925

Wesleyan Potters Scholarship Form

Class Session: _____
(e.g., Spring, Summer, etc.)

Applicant's Name: _____

Parent/Guardian's Name: _____
(If applicable)

Applicant's Address: _____
(If different from Applicant's)

Contact's Phone Number: _____

Applicant's Phone Number: _____

Annual Household Income: _____ Number of People in Household: _____

Class Applying For: _____

Class Cost: _____

Have you applied for a Scholarship from Wesleyan Potters in the Past: _____

If yes, what class and when: _____

If no, what class and when: _____

Art Background (if any): _____

For the application to be considered by the Wesleyan Potters Scholarship Committee, it must be submitted by the date listed in the catalogue, otherwise it may not be considered.

Write a brief description of your reason(s) for wanting to take a class in this craft:

Class Applying For: Class Applying For: _____ Cost: _____
Class Applying For: _____ Cost: _____
Class Applying For: _____ Cost: _____

College Students Only - Are you receiving financial aid from your college?

College Name: _____

Check List:

Complete Application with at least 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 a letter of recommendation from a teacher, a parent or guardian's tax return must be provided.

FOR OFFICE USE ONLY

Scholarship Granted: ☐ Yes ☐ No Amount Granted: \$ _____ (class only)

Comments: _____

Authorizing Signature: _____ Date: _____

**Return this application to: Wesleyan Potters, 305 South Main Street, Middletown, Connecticut.
Have questions? Call us at 860-347-5925 or email us at officemanager@wesleyanpotters.com**