

DECORATIVE ARTS CENTER OF OHIO

Reese-Peters House

Art Scholarship Program Application

Student Information

Student's Name _____

Address _____

City _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

Student's Age _____ Grade _____ School _____

Known medical conditions? Yes No If yes, please specify:

Guardian information

Guardian(s)' Name(s) _____

Relationship to Student _____

Recommendation

Teacher/Administrator's Name _____

Title _____ School _____

Phone Number _____ Alternate Phone Number _____

Email Address _____

How does student qualify for the program? *Check all that apply.*

Financial Need

Special Need(s)

Please Specify: _____

Superior Cognitively Gifted

Gifted in the Arts

General Scholarship

Teacher/Administrators Signature _____