

**Adult Scholarship Application
Required Information**

Please return this completed form along with your most recent tax return.

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Name _____ Date of application _____

Street Address _____

City, State, Zip Code _____

Home Telephone Number _____ Mobile Telephone Number _____

Email Address(es) _____

Student's Age _____ Date of Birth (Month, Day, Year) _____

Employer _____

**Lighthouse ArtCenter
Gallery & 2D Studio**
 373 Tequesta Drive
 Tequesta, FL 33469
 (561) 746-3101
 www.LighthouseArts.org

3D Studio
 395 Seabrook Road
 Tequesta, FL 33469
 (561) 746-3101
 www.LighthouseArts.org

Studio 385
 385 Tequesta Drive
 Tequesta, FL 33469
 (561) 746-3101
 www.LighthouseArts.org

Voluntary Information about the Head of Household

Single Married

Number of children under age 18 in Household _____

List Ages _____

Combined Household Income:

Under \$8,000 \$8,000 - \$15,000 \$15,000 - \$25,000
 \$25,000 - \$35,000 \$35,000-45,000 over \$45,000

Please indicate the session for which you are applying for the scholarship, and/or the class/workshop you are interested in attending:

 Selections of scholarships are made on the basis of financial need. *It is the policy of the Lighthouse ArtCenter that there will be no discrimination because of race, color, religion, national origin, gender, sexual orientation, age, disability or military status.*
All information is for the Lighthouse ArtCenter and will be kept confidential.

How will this scholarship benefit you?

Has the applicant taken classes or volunteered at the Lighthouse ArtCenter in the past? If so, when and to what capacity?

**Send application to: Lighthouse ArtCenter
ATTN: Program & Education Director
373 Tequesta Drive
Tequesta, FL 33469**

For more information, please call 561-746-3101 or email: Serin@LighthouseArts.org.

For Office Use Only

Application received

Session(s) requested

Session awarded

Scholarship Sponsor Date Sponsor was acknowledged and how: _____

Request Accepted Denied Date entered onto Excel spreadsheet: _____ by whom: _____

Comments
