

SCHOLARSHIP APPLICATION

A limited number of scholarships are available for fee-based programs. We do not wish anyone to be denied participation because of financial difficulties.

This portion of the application to be filled out by the parent/guardian if applicant is under 18.

Program for scholarship consideration: _____

Date(s) of program: _____

Participant's name: _____

Participant's date of birth: _____ Age: _____

Grade: _____

Parent/Guardian's name: _____

Address: _____

City: _____ Zip code: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Telephone where parent/guardian may be reached during class hours (if different than above): _____

E-mail address: _____

Emergency contact's name: _____

Emergency contact's daytime phone number: _____

Name of participant's physician: _____

Physician's phone number: _____

Allergies: _____

Please tell us why the applicant is an ideal candidate for a scholarship. _____

Please e-mail the completed application to education@themodern.org

or mail to: Education Department

Modern Art Museum of Fort Worth

3200 Darnell Street

Fort Worth, Texas 76107

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