



# Maude Kerns Art Center

## SCHOLARSHIP APPLICATION

Maude Kerns Art Center is able to provide arts education to all who are passionate about art that may need financial assistance to achieve their artistic endeavors.

Scholarships are awarded on the basis of financial need, (*please see the "Income Eligibility Guidelines"*). MKAC is able to provide financial assistance to one student per class. Generally, we offer a scholarship to cover up to 50% of the cost of tuition, not including materials fees.

The *Susi Larsen & Cameron Serbu Memorial Scholarship Fund*. This scholarship was established as a youth fund by the family of Susan Lynn Larsen and Cameron Serbu.

The *Madeleine Christenson Scholarship Fund* provides the Art Center the opportunity to provide financial assistance to those over the age of 18. Giving all the chance to experience the joy of creating art.

Youth Scholarship Guidelines (ODE Free and Reduced Lunches Program)		Adult Scholarship Guidelines (Housing and Urban Development Income Limits)	
Household Size	Adjusted Gross Annual Income	Household Size	Adjusted Gross Annual Income
1	\$23,340	1	\$39,200
2	\$31,460	2	\$44,800
3	\$39,580	3	\$50,400
4	\$47,700	4	\$56,000
5	\$55,820	5	\$60,500
6	\$63,940	6	\$65,000
7	\$72,060	7	\$69,450
8	\$80,180	8	\$73,950

*Adjusted Gross Income is defined as all countable income minus deductions. If there is more than one wage earner in the household and you file separately, please provide both sets of tax information.*



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**Name of Scholarship Applicant (First and Last):**

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**Personal Pronouns:**

- He/Him     She/Her     They/Them     Ze/Zir  
 A pronoun not listed:                       No pronoun preference

**Date of Birth:**

**Age:**

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**Is the applicant a minor?**     Yes                       No

**If the applicant is a minor, please provide the name of the Parent or Guardian filling out this form:**

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**Address:**

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**Phone Number:**

**Email:**

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## Eligibility Qualifications

In order to verify your eligibility, please provide us with a copy of your most recent federal income tax return, copies of your last two paycheck stubs, or documentation of unemployment status. These documents may be attached to this application or emailed to [education@mkartcenter.org](mailto:education@mkartcenter.org)

Household Size:   1   2   3   4   5   6   7   8

If the applicant is a minor, do they receive reduced school lunches?   Yes   No

Occupation/Employer (If you are currently unemployed, please note that here):

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## Questionnaire

Why do you (or your child) wish to be a part of the MKAC art program?

As best as you can, please describe your financial need to better help us process your application.

**At MKAC, we prioritize applications of those who identify as members of underrepresented groups in our community. Do you (or your child) identify as any of the following? Please select all that apply. \*This is an optional question.\***

- BIPOC
- LGBTQIA+
- Person with a disability
- Member of a not listed underrepresented group:

\_\_\_\_\_

I prefer not to answer this question

\_\_\_\_\_

### Class Choices

**Please list the classes you wish to take in the desired order of priority, (*please note that we can only offer one scholarship per class at this time*)**

Class	Day/Time	Class Fees

Signature

Date:

\_\_\_\_\_

**Thank you for your application!**

## Our Community

The following section is optional and will not affect the processing of your scholarship application if you choose not to participate. This information is for the purpose of helping our staff use the most respectful language when addressing you, understand our community better, and fulfilling grant reporting requirements. We thank you for your time in answering these questions.

If you are applying for a minor, please provide the information for them as a student of the Art Center.

Race: *Select all that apply*	Ethnicity:
<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black and/or African American <input type="checkbox"/> White/Caucasian  <i>Asian:</i> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Other  <i>Native Hawaiian/Pacific Islander:</i> <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander  <input type="checkbox"/> Decline to Answer	<input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Dominican <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Hispanic/Latino  <input type="checkbox"/> Decline to Answer
<b>Gender Identity: *Select all that apply*</b>	
<input type="checkbox"/> Male/Man <input type="checkbox"/> Female/Woman <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Nonconforming/Genderqueer <input type="checkbox"/> Gender Identity that is not listed  <input type="checkbox"/> Decline to Answer	
<b>Geographic:</b>	
<input type="checkbox"/> Urban	<input type="checkbox"/> Rural