

# Columbia Museum of Art Scholarship Application



## Overview and Eligibility:

CMA Scholarships are awarded based on financial need. This scholarship is available to students ages 4 to 18. This scholarship will allow a student to attend a summer workshop of their choice at the Columbia Museum of Art. Applicants must reside in the state of South Carolina.

### Application Deadline:

Mail this completed application by **Tuesday May 21** to:

Columbia Museum of Art  
Attention: Education Dept.  
P.O. Box 2068  
Columbia, SC 29202

## Selection Criteria:

The Columbia Museum of Art's Scholarship Committee will award scholarships, subject to available funding, based on the following:

1. Submission of a complete application.
2. Adherence to the above eligibility criteria.
3. Persuasiveness of the Parent's/Nominating Organization's representative's nominating statement.

## Student Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F Age: \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Primary Language Spoken: \_\_\_\_\_

Grade in School: \_\_\_\_\_ Name of School: \_\_\_\_\_ District: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Desired Workshop: 1<sup>st</sup> Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

## Parent's Statement

Please write a statement explaining why you feel your child would benefit from an Education Department Program:

(You may use the space below or attach a separate sheet of paper)

---

---

---

---

---

---

---



Thank you for your interest in the Columbia Museum of Art Scholarship Program.  
*The student's parent or guardian must sign this application.*

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_