

Studio Incamminati Scholarship Application

1901 South 9th Street 7th Floor Philadelphia, PA 19148 Phone 215-592-7910

info@StudioIncamminati.edu

ALL INFORMATION IS KEPT IN STRICT CONFIDENCE

1. Date of Application _____

2. Student Information

Name _____

Address _____

City, State, Zip Code _____

Telephone _____ Email _____

Date of Birth _____ Social Security # _____

U.S. Citizen ☐ Yes ☐ No:

3. Race/ethnicity (optional – check only if you wish this to be considered)

- ☐ African American/Black
- ☐ Asian
- ☐ Native American
- ☐ Hispanic/Latino
- ☐ Caucasian (Non-Hispanic)
- ☐ Other

4. Family Status (check one):

- ☐ Living in household with family
- ☐ Living independently
- ☐ Sharing living expenses
- ☐ Sharing living expenses and providing for dependent children (how many?)__
- ☐ Separated/divorced with dependent children (how many?)_____

5. Work Information

Do you plan to work outside the studio while attending Studio Incamminati? ☐ Yes ☐ No

If so, how many hours per week? _____

6. Complete and attach:

- ☐ A biography (Word format, 500 words maximum, double spaced) including any honors, awards, achievements and recognition for your artwork
- ☐ A narrative (Word format, 500 words maximum, double spaced) based on the attached questions:
 - 1. What contributions do you feel you can make towards the mission of Studio Incamminati?
 - 2. Why should you be selected for inclusion in the scholarship program?
- ☐ Professional Program Application with required attachments (applies to first-time Professional Program applicants only)

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Mail the Scholarship Application, Professional Program Application (if required), and biography and narrative attachments to:

Studio Incamminati
Scholarships 1901 South 19th
Street 7th Floor
Philadelphia, PA 19148

I certify that all statements contained in this application are true and correct, and that I believe myself to be eligible for the scholarship program.

I understand that the committee reserves the right to revoke my participation in the scholarship program and bill me for any days attended under the program if it is found that the information requested is falsified or withheld.

I certify that I am 18 years of age or older and have assumed responsibility for myself.

Name (please print) _____

Signature _____ Date _____

Studio Incamminati's purpose is to train exceptionally talented artists to call upon their ability to create highly meaningful art. Accordingly, acceptance into Studio Incamminati's programs is entirely merit-based. Studio Incamminati does not discriminate on the basis of race, color, gender, religion, sexual orientation, national or ethnic origin, age, disability, or veteran status in any program or activity or in employment.

For student financial assistance based on merit, financial need and the availability of scholarship funds, please contact Shelia Barker Executive Director 215-592-7910 or SBarker@StudioIncamminati.edu