



sculpture garden & museum

605 Robert E. Lee Road, Austin, TX 78704

## CAMP SCHOLARSHIP APPLICATION

- SUMMER CAMP   
 WINTER BREAK CAMP   
 SPRING BREAK CAMP

Application Date		CAMP Date (& Time)	
FIRST Name Student	LAST Name Student	Age	Grade
Address			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
Has your child attended any Umlauf workshops or camps? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, how many times?		How did you hear about the camp?	

### FINANCIAL INFORMATION

1 <sup>st</sup> parent/guardian name	2 <sup>nd</sup> parent/guardian name	Guardians relationship to child
1 <sup>st</sup> parent (place of employment) <input type="checkbox"/> part-time <input type="checkbox"/> full time job title		
2 <sup>nd</sup> parent (place of employment) <input type="checkbox"/> part-time <input type="checkbox"/> full time job title		
<b>Total household income in 2006: \$</b>		
<b>Total in family:</b>	<b>Dependent Children:</b>	<b>Adults:</b>
Does your family participate in the following programs? <input type="checkbox"/> yes <input type="checkbox"/> no		
Free/reduced lunch <input type="checkbox"/> Food stamp <input type="checkbox"/> Foster child <input type="checkbox"/>		
other:		
Please explain why your child is a candidate for financial assistance?		

Please read and sign. I understand that I am responsible for arranging daily transportation for my child. I will sign them in/out everyday and I will make every effort to have my child attend all camp dates. I understand the Umlauf's cancellation & refund policy if I need to cancel my child's camp. The information I have given on this application is complete and accurate.

Signature \_\_\_\_\_

**REFERRAL**

**Parent/Guardian: please have an adult that is not related to your family fill out this required portion. Examples: Teacher, counselor, Communities in Schools Counselor, church minister, etc.**

Referral name:	School/Organization:	Phone:	
Address:	City	State	Zip

**Please respond to all questions.**

How many years have you known this student?	In what capacity?
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**Please rate the student in the following areas:**

	Below	Average	Above	Superior
Interest in the arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability in the arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are there any concerns we should know about the student?


Why do you feel this student should be considered for a scholarship?


Referral Signature	Date
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**Please complete and return application**  
 Umlauf Sculpture Garden and Museum Education Department  
 605 Robert E. Lee Road  
 Austin, TX 78704  
 445-5582 ext. 101  
 or fax to 512-445-5583

**Hours:**  
**Wednesday-Friday**  
**10am-4:30pm**  
**Saturday & Sunday**  
**1pm-4:30pm**