



# Circle of CARING

## Circle of Caring Scholarship Fund - Adults

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The Circle of Caring Scholarship Fund was established in the Fall of 2008 and is funded entirely by donations from individuals and community organizations who believe in the importance of art, and who want to share that with others.

Scholarship Awards fund one six-week class per person. These scholarships are intended to help adults who cannot otherwise afford to take a class. Scholarships cover the cost of a regular class or workshop (maximum value of \$197) only and there is a stipend up to \$50.00 to assist students with the materials required for the class. Please inquire about these costs before you apply.

If you receive a scholarship, we will respect your privacy and will not release your name, although we may contact you to ask if you would share your experience. Scholarship recipients will be required to complete a brief survey at the end of the class session.

### **Scholarship Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

First Time Student:  Yes  No

DFAC Member:  Yes  No

### **Statement of Desire**

Please attach a statement (as lengthy or as concise as you would like) about why you would like to take a class at the Dunedin Fine Art Center and what class you would like to take. Awards are limited to one class per session. Applications must be submitted two weeks prior to start of desired session.

**Are you a Veteran** (Proof Required) :  Yes  No (Qualifying should apply instead for the David Scales Veterans and Family Fund at: <http://www.dfac.org/veterans> )

### **Statement of Need**

Please attach a statement (as lengthy or as concise as you would like) about why you need a scholarship.

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

**Please return this application and your statement of need to The Dunedin Fine Art Center, 1143 Michigan Boulevard, Dunedin, FL 34698, Attn: Registrar**

<b>Admin Only:</b> Date Issued: _____    Certificate Number _____
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