

## 350 S. Main St., Middletown, CT 06457 860.347.5925

## Wesleyan Potters Scholarship Form

| Class Session: (e.g., Spring, Summer, etc.)             |                                |
|---|--------------------------------|
| Applicant's Name:                                       |                                |
| Parent/Guardian's Name: (If applicable)                 |                                |
| Contact's Phone Number: (If different from Applicant's) |                                |
| Applicant's Address:                                    |                                |
| Applicant's Phone Number:                               |                                |
| Annual Household Income:                                | Number of People in Household: |
| Class Applying For:                                     |                                |
| Class Cost:   |                                |
| Have you applied for a Scholarship from Wesleyar        | n Potters in the Past          |
| If yes, what class and when                             |                                |
| Art Background (if any):                                |                                |

| arship Granted: Yes No   | Amount Granted: \$                 |            | (class only)    |
|--|------------------------------------|------------|-----------------|
| FOR  | OFFICE USE ONLY                    |            |                 |
|  |                                    |            |                 |
|  |                                    |            |                 |
|  |                                    |            |                 |
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| Or, if student cannot submit a lette<br>parent or guardian's tax return mu |                                    | acher, the | first page of a |
| Youth applications may attach a le income tax return.                      | etter of recommendation from a     | teacher in | lieu of an      |
| Adults must attach a copy of the f   | irst page of the previous year's i | ncome ta   | x return.       |
| Complete Application with at least one o                                   | f the following:                   |            |                 |
| Check List:  |                                    |            |                 |
| College Name:  |                                    |            |                 |
| College Students Only - Are you receiving finan                            | ncial aid from your college?       | Yes        | No              |
|  |                                    |            |                 |
|  |                                    |            |                 |
|  |                                    |            |                 |
|  |                                    |            |                 |

Return this application to: Wesleyan Potters, 305 South Main Street, Middletown, Connecticut. Have questions? Call us at 860-347-5925 or email us at officemanager@wesleyanpotters.com