



Adult Scholarship Application Required Information

Please return this completed form along with your most recent tax return.

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Name Date of application

Street Address

City, State, Zip Code

Home Telephone Number Mobile Telephone Number

Email Address(es)

Student's Age Date of Birth (Month, Day, Year)

Employer

Lighthouse ArtCenter Gallery

Gallery Square North
373 Tequesta Drive
Tequesta, FL 33469
(561) 746-3101
www.LighthouseArts.org

Lighthouse ArtCenter School of Art

395 Seabrook Road
Tequesta, FL 33469
(561) 748-8737

Jewelry and Textiles Department

385 Tequesta Drive
Tequesta, FL 33469
www.LighthouseArts.org

Voluntary Information about the Head of Household

Single Married

Number of children under age 18 in Household _____

List Ages _____

Combined Household Income:

Under \$8,000 \$8,000 - \$15,000 \$15,000 - \$25,000
 \$25,000 - \$35,000 \$35,000-45,000 over \$45,000

Please indicate the session for which you are applying for the scholarship, and/or the class/workshop you are interested in attending:

Selections of scholarships are made on the basis of financial need. It is the policy of the Lighthouse ArtCenter that there will be no discrimination because of race, color, religion, national origin, gender, sexual orientation, age, disability or military status. All information is for the Lighthouse ArtCenter and will be kept confidential.

How will this scholarship benefit you?

Has the applicant taken classes or volunteered at the Lighthouse ArtCenter in the past? If so, when and to what capacity?

**Send application to: Lighthouse ArtCenter School of Art
ATTN: Director of Education
395 Seabrook Road
Tequesta, FL 33469**

For more information, please call the School of Art (561)748-8737 or email: Maria@LighthouseArts.org.

For Office Use Only

_____ Application received

_____ Session(s) requested

_____ Session awarded

_____ Date Sponsor was acknowledged and how: _____
Scholarship Sponsor

Request Accepted Denied Date entered onto Excel spreadsheet: _____ by whom: _____

Comments
