

Scholarship

SCHOLARSHIP REQUEST FORM

Today's Date _____

Student name _____

Student age/grade(if child) _____

Parent name (if applicable) _____

Address _____

Daytime Phone No. _____

Evening Phone No. _____

School (if student) _____

Requested Workshop Title Date of session Tuition

Percent of Tuition requested for Scholarship (check one)

25% _____ 50% _____ 75% _____

Full scholarship is available in extenuating circumstances and for children. 100% _____

Please attach a brief statement of interest and description of need including any additional information we should know.

Signature _____

For staff use only

Date approved _____

Amount approved _____

% approved _____ Staff Initials _____

Scholarship Information

Holter Museum classes are for everyone! The Ethel Harrison Scholarship Fund provides assistance for those who cannot afford tuition. Applying for a scholarship is easy. Fill out the form including a statement of need for a scholarship and the value of the workshop to you or the student. Please include in the letter the amount you are able to pay for the workshop.

Send all requested information to:

Holter Museum Education Dept.
12 E. Lawrence
Helena, MT 59601

For further scholarship information or to contribute to the scholarship fund call 442-6400.



12 E LAWRENCE ST, HELENA, MT 59601
406-442-6400 WWW.HOLTERMUSEUM.ORG