SOUTH SHORE ART CENTER
Lois Weltman Memorial Fund for Children—Request for Financial Assistance

Student Name: ___________________________ Grade: __________________

Address: __________________________________________________________

City: ______________________ State: _____ Zip:________________________

Telephone: ______________ Home:____________________________ Work:________________________

E-mail: ____________________________

School: __________________________________________________________________

A limited number of scholarships for Art Center classes are granted to children in early elementary grades on the basis of financial need and interest in art. Requests are accepted from art teachers and must be co-signed by a guidance counselor or principal.

Desired Course __________________________ Tuition________________________

Day & Time ____________________________ Instructor _______________________

Second Choice __________________________ Tuition________________________

Day & Time ____________________________ Instructor _______________________

Reason for requesting financial assistance: __________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: (art teacher) ______________________________________________________

Signature: (guidance counselor or principal) ______________________________________

Date: ________________________________

Return this application to:
South Shore Art Center, 119 Ripley Road, Cohasset MA 02025

If you have questions regarding the scholarship, please call 781-383-2787.