

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

# Worcester Center for Crafts Application for **Youth** Scholarship

**Instructions:**

1. Please fill out this application completely. This form is confidential and will not be shared outside of the scholarship committee.
2. Please have someone like your art teacher write a letter of recommendation.
3. Please mail/ bring this completed form plus any requested letters to:  
Worcester Center for Crafts  
25 Sagamore Road  
Worcester, MA 01609

NOTE: Scholarship awards are subject to availability and priority need. Requests for specific classes cannot be guaranteed.

**Student Information:**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
APARTMENT NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
DAYTIME PHONE

\_\_\_\_\_  
EVENING/CELL PHONE

\_\_\_\_\_  
EMAIL Address

\_\_\_\_\_  
EMERGENCY CONTACT PERSON

\_\_\_\_\_  
EMERGENCY PHONE NUMBER

\_\_\_\_\_  
RELATIONSHIP

Are you applying for the first time?  Yes  No

If NO, when did you last apply? \_\_\_\_\_

What session are you applying for? Circle ONE. Fall I Fall II Winter I Winter II Spring I Spring II Summer

**COURSE REQUESTED:**

Title: \_\_\_\_\_ Course # \_\_\_\_\_

We'd like to get to know something about you! Please tell us about your interest in taking this course or other courses at the Craft Center. What motivated you to apply? Have art/ crafts been part of your life, or is this a new venture? \_\_\_\_\_

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We would like a letter of reference from someone who can attest to your willingness to explore new topics and to remain committed to a course. Who will write the letter? \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Thank you for sharing your personal story with us! We hope to have a chance to chat with you, either by phone or in person before the scholarships are awarded.

**SIGNATURE:** My signature certifies that the information on this application is accurate.

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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Application Received: _____
Reference Letter: _____
<b>ACTION:</b>
Course # and Title: _____
Course # and Title: _____
Course # and Title: _____
Course # and Title: _____
Notes: