



south shore
art center

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.