



2025-2026 ABSOLUTE BEGINNER SCHOLARSHIP APPLICATION

Please read the entire form carefully and fill in all blanks clearly and completely.

Name: _____		Email Address: _____	
Mailing Address: _____		Home Phone: _____	
City/State/Zip: _____		Work/Cell Phone: _____	
Age Bracket (please circle):	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-35	<input type="checkbox"/> 36-50 <input type="checkbox"/> 51 & over

What media do you work in?: ☐ Oil ☐ Water Media ☐ Pastel ☐ Drawing ☐ Sculpture

Are you applying on the basis of financial need? ☐ YES ☐ NO

*If yes, you **must** attach an explanation in support of your financial need and a copy of your most recent tax return.*

Have you ever taken a class at SAS? ☐ YES ☐ NO

If yes, please tell us when (year) _____ and which class or instructor: _____

Please list 3 instructor/class choices which you prefer. If possible, we will try to match you with one of your preferred choices.

1. Instructor: _____	Class Start Date: _____
2. Instructor: _____	Class Start Date: _____
3. Instructor: _____	Class Start Date: _____

Would you like to be considered for a scholarship for any class in the media and subject matter you've marked above or a class that is similar to your indicated preferences? (We will keep your application on file and consider you if a scholarship becomes available.) ☐ YES ☐ NO

Scholarship application must be accompanied by the following:

- ☐ **Scholarship Application Form.**
- ☐ **Brief artist statement.** Your statement should tell us about yourself and your work, and should describe how your personal or professional artistic goals will be helped through a scholarship.
- ☐ **2-3 images of your work.** Digital images by email, or on CD when application is mailed.

Financial need students must include:

- ☐ **Statement of financial need**
- ☐ **Copy of your most recent tax return with Social Security number blacked out**

Email your application to: Scholarship Committee at nfehr@scottsdaleartschool.org

Please put Scholarship and your first and last name in the subject line

-OR-

Mail your application to: Nicole Fehr, Registrar
Scottsdale Artists' School
3720 N. Marshall Way
Scottsdale, AZ 85251

For office use only

Date received: _____

Date reviewed: _____

Accepted: _____

Which class: _____

Notified: _____