



## 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](mailto: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: \_\_\_\_\_