# \*\*\* All information will be kept confidential\*\*\*

# SITKA FINE ARTS CAMP

# Financial Aid Application

## **Criteria for Selecting Financial Aid Recipients:**

- 1. Demonstrated interest in, ability and commitment to their artistic endeavor, as reflected in applicant's letter and teacher/instructor's letter of recommendation.
- 2. Demonstrated need for scholarship, as reflected in parent/guardian statement.
- 3. Availability of sufficient funds. (Scholarship monies will be used to help defray tuition costs of the camp.)

#### **Financial Aid Checklist:**

Complete Financial Aid Application
Register for camp at www.fineartscamp.org/register
Submit a Letter of Recommendation from a schoolteacher or instructor
Submit a letter from the applicant with a description of their involvement in the arts
Submit a Statement of Financial Need from a parent or guardian

**ALL APPLICANTS MUST SUBMIT** a letter of recommendation from a schoolteacher or instructor who can attest to applicant's artistic abilities, interest and commitment to their artistic endeavor. Applicants must also submit a **personal letter** describing their participation in any of the following: musical organizations, art, theater, dance activities, literary or other groups in your school or community.

#### Financial Aid Applications and all supporting materials must be submitted to:

Sitka Fine Arts Camp P.O. Box 3086 Sitka, AK 99835.

The Scholarship Committee will determine the awards given and notify applicants of their decision. Screening will begin **February 1**, and continue until funds have been expended. For best consideration, please apply by **February 1**.

Name of Camper				Date	
Address (Street or PO Box Nur	mber )				
City	State	Zip	Pre	sent Grade	
Email Phone					
Primary area of interest	(circle one):				
Theater * Dance * M	usic * Visual Arts	* Native Arts '	* Creative W	/riting * Digita	al Arts
STATEMENT OF FINAN unable to send your child you would like us to kn scholarship (include state)	to the Sitka Fine A now which might h	rts Camp withon have a bearing	out a scholars	ship. Add anytl	ning else
Signature of Applicant			Signature of	Applicant's Paren	t/Guardian
PLEASE NOTE: You mu awarded to Sitka studen		-		olarship. Scho	larships
How much of the tuition	are you able to aff	ord? (We will a	assist as mar	y qualified stu	dents as
possible, depending on a	vailable funds.)				
How much financial aid ar	e you requesting? _				
Do you qualify for the Fre	e and Reduced Lun	ch Program?	☐ Yes	□ No	
Are you a shareholder of a	a Native Corporatio	n? □ Yes	□ No		
If yes, which one?					

# SITKA FINE ARTS CAMP

P.O. Box 3086 Sitka, AK, 99835 907-747-3085

#### TEACHER'S RECOMMENDATION

STUDENT SECTION	
Student's Name	Present Grade
To the Student: Choose a teacher who knows you and skills in at least one of the following artistic at Visual Arts, Digital Arts, or Creative Writing. It addressed to the Camp and this form so they can so My 1 <sup>st</sup> area of artistic interest is:  My 2 <sup>nd</sup> area of artistic interest is:	areas: <b>Theater, Dance, Music, Native Arts,</b> Please give this person a stamped envelope send it directly back to Camp.

To the person writing the recommendation: This student has chosen you to evaluate their performance in the areas indicated above. Within each artistic focus area there will be three or more classes that will allow some grouping of students according to experience. Your recommendation is confidential and will only be used to help us better meet the needs of each student during the Camp.

Sitka Fine Arts Camp is a two-week multidiscipline, intensive and creative learning experience with abundant opportunities to work collaboratively with peers and faculty. The faculty are professional artists who have teaching experience and enjoy working with young artists. The objectives of the Camp are to help students gain greater skills in their area of primary interest and to explore new artistic disciplines for enrichment. The format of the Camp is both interactive classroom time and performance/demonstration time. Faculty and counselors live on campus so there is much opportunity for shared learning.

## **Performance Assessment & Recommendations:**

## **PERFORMANCE**

	Avei	rage Go	ood Excellent
1. Artistic preference # 1			
2. Artistic preference # 2			
Comments:			
Does this student:	NO	YES	OUTSTANDING
Does this student.			
Work independently?			
Utilize expression in the arts?:			
Risk new artistic approaches?:			
Follow through on guidelines?			
Cooperate with peers?			
Complete artistic projects?			
Enjoy art?			
Demonstrate a seriousness toward art projects?			

**Strengths and Concerns:** What are this student's particular artistic or social strengths or concerns that we should be aware of as we try to help her/him have a positive camp experience?

Does this student require additional s	supervision? If so, p	lease explain.
Additional Comments or Concerns:		
Signature	 Date	Printed Name
School or School District		Title

Thank you for your assistance. If you would like any additional information about the Camp, please contact the Camp office at (907) 747-3085.