FORT MASON ARTISTS

FMA SCHOLARSHIP APPLICATION

Type of Application: ☐New ☐Renewal   **Date of Application:** _____

Application for: ☐ 25% Scholarship ☐ 50% Scholarship ☐ 75% Scholarship
(Scholarship covers tuition and model fees but no art materials.)

Name: _____   **Birth Date:** _____

Statistical Data (optional):
(Helps FMA with fundraising and getting grants)

Gender:

☐Female ☐Male ☐Non-Binary

☐FTM(Female to Male) ☐MTF(Male to Female) ☐Other

Race & Ethnicity - How do you identify? Check all that apply:

☐ African American/Black   ☐ American Indian/ Alaskan Native   ☐Asian

☐Hispanic/Latina/o or Spanish ☐Middle Eastern/Northern African ☐Native Hawaiian/Pacific Islander

☐White

Age Group:

☐ 18 to 29   ☐ 30 to 54   ☐ 55 and above

Disabilities: ☐ Yes ☐ No

If yes, would you need assistance to attend classes? ☐ Yes ☐ No
If yes, please specify: _____

Household Information:
Household Address: _____ **State:** _____ **Zip Code:** _____
Home Phone #: _____ **Cell Phone #:**_____
Contact email address: _____
Annual Household Income: _____

Income Verification (select one or more):

☐Current S.S.I. Statement (Supplemental Security Income)

☐Public Assistance Verification (MediCal, CalWorks, Food Stamps, Public Housing Authority)

Signature Section:
The information above is true and accurate to the best of my knowledge

Signature:_____ **Date:**_____