



Scholarship Applications are due May 1st to be considered. SAMFA staff will call by May 8th to let applicant know if their scholarship was accepted.

Scholarship Application

Please submit this application and all attached forms to:

Attn: Education

San Angelo Museum of Fine Arts

1 Love Street

San Angelo, TX 76901

OR email studio@samfa.org

Pick a session to sign up for (One scholarship per child):

7 – 9 Year Olds ONLY

June 5th – 9th 8:30 a.m. - 3:30 p.m.

June 12th - 16th 8:30 a.m. - 3:30 p.m.

10 - 12 Year Olds ONLY

June 19th – 23rd 8:30 a.m. - 3:30 p.m.

June 26th -30th 8:30 a.m. - 3:30 p.m.

Does the applicant receive free or reduced lunches in school? Yes No

CHILD'S NAME _____ AGE _____

PARENT/LEGAL GAURDIAN _____

ADDRESS _____

STREET

CITY

ZIP

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ E-MAIL _____

Would you like to receive emails about upcoming Family Programs at SAMFA? Yes No

EMERGENCY CONTACT _____

PHONE NUMBER _____ RELATION TO CHILD _____

NAME(S) OF PEOPLE MOST LIKELY TO DROP OFF/PICK UP CHILD

SAMFA staff reserves the right to check the I.D. of anyone picking up children from our programs. SAMFA staff will only release children to persons listed above. If someone else will be picking up your child, please notify the museum at 325-653-3333.

Parent/Legal Guardian Signature _____ Date _____

The Art of Nature Camp Medical Release Form

CHILD'S NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

DATE OF BIRTH: _____
(Mo.) (Day) (Year)

HEALTH/ACCIDENT INSURANCE CARRIER: _____
POLICY NO: _____ GROUP NO: _____

PERSONAL PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____
(Street) (City) (State) (Zip)

PHYSICIAN'S PHONE NUMBER: _____

PARENT, LEGAL GUARDIAN, OR OTHER PERSON WHO HAS LEGAL AUTHORITY TO AUTHORIZE MEDICAL TREATMENT TO PARTICIPANT IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME #: _____ WORK # _____ CELL #: _____

Please list any chronic or acute medical problems (Continue on back if needed): _____

Please explain any special considerations we need to know related to the above conditions:

List any allergies to food, pollen, or medicine: _____

List any medications being taken at present: _____

I ACKNOWLEDGE THE PARTICIPANT'S IMMUNIZATION ARE CURRENT: _____ YES _____ NO

My child plans to attend the San Angelo Museum of Fine Arts' The Art of Nature Camp. I fully realize injury or illness could result from or during my child's participation in the camp. In case of accident or illness, I give my permission for my child to receive medical treatment as deemed appropriate. I will assume responsibility for any medical bills.

PARENT/LEGAL GUARDIAN'S SIGNATURE PARENT/LEGAL GUARDIAN'S NAME PRINTED DATE

PHOTO RELEASE

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I agree to both the photo release and access & use of digital reproductions of Artwork.

Child's Name _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____