

Youth Art Camp Scholarship Application

Thank you for your interest in WKMA's Youth Art Camps. Each scholarship awarded is good for one week of camp during the summer 2026 season. Scholarships are awarded based on financial need and an interest in art. The information in this application is confidential and will only be used for the scholarship evaluation process. Scholarships are **only available for ages 7-9 and 10-12**. There are limited scholarships available each year, selection is not guaranteed. **Scholarship applications must be received by WKMA no later than May 18, 2026.**

Student Information

Name _____

Street Address _____

City _____

State _____

Zip Code _____

Age/Rising Grade _____

Current School and City/County _____

Has this student attended a WKMA art camp in the past? (circle one) Y N

Family Information

Parent/Guardian Name _____

Phone Number _____

E-Mail Address _____

Number of children ages 17
and under in household _____

Which session of the 2026 Youth Art Camp would you like to attend:

See website for week themes and descriptions

	First choice	Second choice	Third choice
June 1-5			
June 8-12			
June 15-19			
June 22-26			
July 6-10			

Each scholarship application must be accompanied by at least one recommendation from a teacher, principal, guidance counselor, coach, or extracurricular activity leader who works with the student and is not a relative. Recommendation forms may be submitted directly to WKMA or included in the student’s application.

Name _____

E-Mail Address _____

Relationship to student:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Current teacher | <input type="checkbox"/> Coach | <input type="checkbox"/> Guidance counselor |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Past teacher | <input type="checkbox"/> Other |

To the best of my knowledge, all information provided is factual and accurate. I understand that any scholarship application that includes false information will be automatically disqualified from consideration.

Signature of Parent/Guardian _____

Date _____

Youth Art Camp Scholarship Recommendation

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Information

Name _____

Title _____

School or Organization _____

E-Mail _____

Phone _____

Scholarship applicant name _____

Relationship to applicant _____

Recommendation

Please describe, based on your relationship with the applicant, why you believe WKMA's Youth Art Camp would benefit the applicant. Include any information that you believe will be helpful in understanding the needs of the student and family. You may attach a separate page if needed.

To the best of my knowledge, all information provided is factual and accurate. I understand that any scholarship application that includes false information will be automatically disqualified from consideration.

Signature _____ Date _____