



2022 Summer Art Camp Scholarship Application Form

VBMA Summer Art Camp scholarships are dedicated to aiding aspiring young artists for whom attending camp would otherwise be financially challenging. The scholarship will pay for up to four camp sessions (and supervised lunches, if applicable) offered during Summer 2022.

To apply, complete the information below and submit your application and Summer Art Camp registration form to Christina Barber, Museum Art School Manager, at cbarber@vbmuseum.org, no later than two weeks before the desired camp session(s). The scholarship must be used during Summer 2022. Recipients will be notified via email and must confirm their registration within a week of notification.

Criteria for eligibility: The applicant or applicant's family must need financial assistance to cover the cost of camp sessions. Examples of qualifying financial need include: Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), among others.

Do you qualify for any of the financial aid programs listed above?

Yes No Other _____

1. Caregiver's Name: _____

2. Camper's name: _____

3. Address: _____

4. Email: _____

5. Cell/home phone: _____

In a short statement, tell us why you wish to enroll your student in Summer Art Camp at the Vero Beach Museum of Art.

This form must be turned in with the 2022 Summer Art Camp registration form.



Summer Art Camp 2022 REGISTRATION FORM

Registration opens March 1, 2022. **A separate form is needed for each child.**

Contact VBMA Museum Art School Registrar, Ellyn Giordano with questions: 772.231.0707 ext. 116 or egiordano@vbmuseum.org.

How to register

Online: www.vbmuseum.org

In person or via mail: Vero Beach Museum of Art, 3001 Riverside Park Drive, Vero Beach, FL 32963 **ATTN: CAMP**

You may fill out and return this form, download one from the website www.vbmuseum.org or pick up a form us at the Museum.

Parent/Guardian Name: _____

Child Name: _____ Date of Birth: _____

Address: _____

City/State: _____ Zip: _____

Email: _____

Home phone: _____ Cell phone: _____

Please list the individuals authorized to pick-up or drop-off your child/children each morning/afternoon

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Please Note: All authorized individuals will need to present a photo ID at each pick-up.

Emergency Contact Name/Relationship: _____

Emergency Contact Phone: _____

Health: Please list any allergies, medical conditions or health concerns the Museum needs to be aware of:

Special Needs: So that we may best serve your child, please describe any special needs of which we should be aware (i.e. hearing, visual, physical, or learning disabilities). All information is confidential. _____

Select	Price	\$35 Lunch Care (Optional)	TOTALS
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
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Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
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Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
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Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Class# _____	\$ _____	<input type="checkbox"/>	\$ _____
Total enclosed:			\$ _____

Please note: Household membership required to receive discount.

To receive discount, please enter Household membership # _____

Payment method: Check Cash Visa MasterCard American Express Discover

_____ exp. date _____

Signature _____ Date _____

Photography:

- The Vero Beach Museum of Art takes photos for archival and promotional purposes. Does the Museum have permission to take pictures of your child participating in camp activities and possibly using in marketing materials? **Yes** **No**
- On occasion photographers from local newspapers and magazines may take photos for media use during programs Is this okay with you? **Yes** **No**

I confirm that I am a parent or legal guardian of the child whose registration I am submitting. In allowing my child to participate in Summer Art Camp, I hereby release and hold harmless the Vero Beach Museum of Art, its employees and agents from any liability, claim, right of action, of any kind or nature which I, my child, or legal representative may have as a result of injury, illness, or damage while participating in the program.

Signature: _____ **Date:** _____

Print Name of Parent/Guardian _____