

**BROADWAY GALLERY CHILDREN'S ART CLASSES  
SCHOLARSHIP APPLICATION**

Complete the following, please print clearly, and return to:

**The Broadway Gallery, 1418 Commerce, Longview  
WA 98632**

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Age/Grade \_\_\_\_\_

Referral Person \_\_\_\_\_

Position \_\_\_\_\_ Telephone \_\_\_\_\_

Has your child previously received a Broadway Gallery art scholarship? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child previously had art lessons or classes?      Yes.      No      If so,  
when and where? \_\_\_\_\_

List below, in order of preference, two Broadway classes from the current schedule for which he/she is interested in applying for a scholarship to attend:

Class title \_\_\_\_\_ Cost \_\_\_\_\_

Class title \_\_\_\_\_ Cost \_\_\_\_\_

*\*To be completed by the child below\**

Write a sentence or two below, explaining why you would like to take art classes:

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

(Note: this is only an application, not a scholarship. Return this form to the Broadway Gallery and you *will be notified as to whether or not the child receives a scholarship*)