



**El Paso Museum of Art  
Art School Scholarship Application  
Summer Camp**

EL PASO MUSEUM OF ART

Please provide the following information. Scholarship funding is limited. Applicants will be notified of award at least one week before the beginning of camp.

Date of Application: \_\_\_\_\_

**Contact Information**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Which camp would you like to attend? For a listing of camps, please visit [web address].

	Camp	Date(s)	Time
First Choice:	_____	_____	_____
Second Choice:	_____	_____	_____
Third Choice:	_____	_____	_____

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**For the Student**

Write your answers in your own words.

1. Why would you like to attend an art camp at the museum?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Have you ever visited the El Paso Museum of Art? (circle your answer)

Yes                      No

a. If **yes**, did you come with your family, your class or with another group?

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\_\_\_\_\_

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b. What part of the museum did you enjoy most?

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3. What art activities do you enjoy most?

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**For the Parent/Guardian**

1. How will attending EPMA Summer Camps enrich your child?

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2. How many individuals are part of your household:

- a. Adults \_\_\_\_\_
- b. Children \_\_\_\_\_

3. What is your total monthly income (Please include all government assistance, child support, etc.): \_\_\_\_\_

The above information, to the best of my knowledge, is accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**Museum School  
El Paso Museum of Art  
One Arts Festival Plaza  
El Paso, TX 79901  
Mail completed application to:**

Or email completed application to: [EPMAEducation@elpasotexas.gov](mailto:EPMAEducation@elpasotexas.gov)

For more information please visit [[web address](#)]

**For Office Use Only:**