MICHIGAN CITY PUBLIC ART COMMITTEE
CHILDREN’S SCHOLARSHIP FUND

The Michigan City Public Art Committee was created in 2011 through an ordinance passed by the City Council of Michigan City. The approved budget directs that a certain amount of money is to be used towards scholarships for children to take art classes in Michigan City. The following guidelines are required for those applying to the scholarship fund and for the committee’s awarding of scholarships.

Requirements for Applicants:
• Applicant must reside within the Michigan City, Indiana city limits and have a street address (not a P.O. Box.)
• Applicant must be between 5 and 18 years of age at the time the instruction will take place.
• Applicant must show financial need.
• Applicant must take lessons from an art provider (individual teacher, non-profit or for profit business) located within the city limits of Michigan City.
• The maximum grant request is $200 per individual per year.
• Applicant must provide all contact information for the art instructor or class and be able to document expenditures through a current brochure or website by the provider.

What We Fund:
Visual art classes or individual art instruction for children between 5 and 18 years of age. Classes are limited to instruction in painting, drawing, printmaking, sculpture, ceramics, collage, crafts such as beading, mosaic work and weaving, art camps or any combination of these taught by a legitimate instructor. The committee does not fund music, writing, dance or drama instruction.

Priority will be given to those applicants who have not received prior funding from the Michigan City Public Art Committee Scholarship Fund.

Dispersement of Funds:
If application is approved, checks will be made directly to the art provider, not to the applicant.

Final Reports:
If approved, applicants will be expected to complete a final report and to attach a photograph, if possible, of the artwork created in the class.

Deadlines:
Applications must be received one month before the class is to begin.

Please return the application to
Hannah Hammond-Hagman
Lubeznik Center for the Arts
101 W. 2nd St.
Michigan City, IN 46360
Email: hhammond@lubeznikcenter.org
APPLICATION FOR CHILDREN’S ART INSTRUCTION

Please fill out all information—incomplete applications will not be reviewed. Please fill a separate application for each student.

Name of Student________________________________________________________

Age of Student_________ Date of Birth_____________ circle one  Male  Female

Name of Parent / Guardian_______________________________________________

Address (No P.O.Box)  ___________________________________________________
_______________________________________________________________________

Phone Numbers____________________Email:_______________________________

Describe in detail the class you are applying to this scholarship fund for and how it will benefit your child at this time.____________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
____________________________________________________________________________________________________

_________________________________________________________
Please describe your need to receive financial aid for the class at this time. ___________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

__________________________________________________
Art Provider Information
Please fill out all the contact information for the instructor or class that you are applying for:

Name of Class __________________________________________________________

Cost of the class per student_______________________________________________

Instructor or Art Center or School Name ______________________________________

Address (no P.O. Box) ____________________________________________________

Phone Number_____________________ Email________________________________

Website_______________________ If the art provider has no website, applicant is required to attach a recent class
brochure or flyer from the art provider.

I give my permission for my child (name & age) _______________________________ to be photographed for use
by the Michigan City Public Art Committee (MAC). I grant MAC the right to use the photograph for the purpose
of promotional advertising and documentation.  Parent/Guardian Name______________________________

Parent/Guardian
Signature:______________________________________________Date____________________