



HIGH SCHOOL SCHOLARSHIP APPLICATION

RETURN TO:
Woodstock School of Art
High School Scholarship
2470 Route 212
Woodstock NY 12498

STUDENT NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ EMAIL _____

PARENT/GUARDIAN _____

CONTACT (PHONE & EMAIL) _____

SCHOOL _____ GRADE LEVEL _____

GUIDANCE COUNSELOR _____

CONTACT (PHONE & EMAIL) _____

TITLE OF CLASS _____

INSTRUCTOR _____

PERIOD OF ENROLLMENT (MONTHS DESIRED) _____ TO _____

By signing this document student agrees to adhere to all policies at the Woodstock School of Art.

STUDENT SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

Students are eligible for full tuition scholarships, based on recommendation from their school guidance counselor or art teacher.* Students are responsible for a one time \$15 registration fee and their own supplies, unless otherwise informed. The WSA will not evaluate student performance, but will keep attendance records. Scholarships may be discontinued if student does not attend WSA class regularly. Missed classes may be made up if student notifies the WSA registrar prior to scheduled class.

Students who wish to attend a class where a live model is employed must provide written permission from their parent or guardian.

* HOME SCHOOLED STUDENTS WELCOME, with parental permission.

For more information about our programs, please call Nina Doyle, Executive Director, at 845-679-2388. Applications may be mailed to above address or dropped off at the school office Tuesday–Saturday, 9 a.m. to 3 p.m. To arrange for a campus visit please call Nina Doyle or the registrar. The WSA is a not-for-profit 501 (c)3 educational institution chartered under the laws of New York State.



HIGH SCHOOL STUDENT PARENTAL PERMISSION LETTER

I, _____
Parent/Guardian (please print)

give permission for my son/daughter _____
Student Name (please print)

to attend an art class in which a live nude model will pose.

Signature _____ Date _____

Home telephone _____

Cell phone _____



HIGH SCHOOL STUDENT PHOTO RELEASE FORM

I, _____ Parent/Guardian for
(please print)

my son/daughter _____
(please print)

hereby authorize and consent to the use of his/her visual image by the Woodstock School of Art for appropriate purposes, including, but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

do not consent to the use of his/her visual image by the Woodstock School of Art for appropriate purposes, including, but not limited to: still photography, videotape, electronic and print publications and websites. I give this consent with no claim for payment.

Parent/Guardian Signature _____

Date _____

Telephone _____