



### **Michigan City Public Art Committee Children's Scholarship Fund 2016**

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  
Jane Daley  
Visit Michigan City LaPorte Convention & Visitors Bureau  
4073 S Franklin St, Marquette Mall  
Michigan City, IN 46360  
Email: [jane@michigancitylaporte.com](mailto:jane@michigancitylaporte.com)

## Michigan City Public Art Committee Scholarship Fund 2016

### 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 \_\_\_\_\_



**Michigan City Public Art Committee  
Final Report for Children's Art Instruction**

Please fill out all information *with your child*. In order to be considered for future scholarships, final reports must be completed and returned within 30 days after the final class to:

Jane Daley  
Visit Michigan City LaPorte Convention & Visitors Bureau  
4073 S Franklin St,  
Michigan City, IN 46360

Name of Student \_\_\_\_\_

Age of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ circle one Male Female

Name of Parent / Guardian \_\_\_\_\_

Address (No PO Box) \_\_\_\_\_

Phone Numbers \_\_\_\_\_ Email: \_\_\_\_\_

**Art Provider Information**

Please fill out all the contact information for the instructor or class that you took:  
Name of Class \_\_\_\_\_

Instructor or Name of Organization Hosting Art Class: \_\_\_\_\_  
\_\_\_\_\_

Please circle the response which you think most accurately fits the statements below.

4= strongly agree    3= agree    2=disagree    1= strongly disagree

- |  |   |   |   |   |
|--|---|---|---|---|
| 1. The instruction has increased my interest in art. | 1 | 2 | 3 | 4 |
| 2. I plan to further my interest in art.             | 1 | 2 | 3 | 4 |

- |  |   |   |   |   |
|--|---|---|---|---|
| 3. My artistic ability has improved.           | 1 | 2 | 3 | 4 |
| 4. I have benefitted from the scholarship.     | 1 | 2 | 3 | 4 |
| 5. I think scholarships benefit the community. | 1 | 2 | 3 | 4 |
| 6. The art instruction has been valuable.      | 1 | 2 | 3 | 4 |

7. Describe how the scholarship benefitted you.

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8. Check all that apply.

- |                                  |                              |  |
|----------------------------------|------------------------------|--|
| • The class was fun              | • I built<br>friendship<br>s | • I learned a new<br>skill                   |
| • I broadened my<br>horizons     | • I gained<br>confidenc<br>e | • I became more<br>interested in the<br>arts |
| • I had a positive<br>experience | • I built self<br>esteem     | • I looked forward to<br>class               |

9. Please attach a photograph of a project your child completed. If you do not have a camera, ask your instructor to take a photograph. You may email a photograph to [jane@michigancitylaporte.com](mailto:jane@michigancitylaporte.com)

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 promotional advertising and documentation. Parent/Guardian Name \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date \_\_\_\_\_