

Lilith Fund Scholarship Application

Please fill out all the blanks on this form. Feel free to call us at Open Studio Project to discuss this form, and your scholarship options. Our intention is that the scholarship approval process be respectful, and to make sure no one is turned away from Open Studio based on economic circumstances.

This information is entirely confidential between you and Open Studio Project.
(* Denotes required information.)

*Name: _____

*Address: _____

*Phone Number: _____

Email Address: _____

*OSP is often required to report client demographics to potential donors and other sources of funding. While OSP would greatly appreciate your participation, the completion of the following section is optional and **will not affect your scholarship outcome**. Should you choose to complete the following section, your name will in no way be connected to your responses.*

Occupation:

Annual Household Income:

The six-week Adult Workshop is \$165 = \$27.50/class.

*Which fee-option best matches your financial need?

- \$130 = \$22/class
- \$100 = \$17/class
- \$80 = \$13/class
- \$50 = \$8/class
- Full-Discout = \$0.00/class

*Select Payment Method:

- Cash
- Personal Check
- Credit/Debit Card

*Select Payment Schedule:

- Pay in full now
- Pay in full on ___/___/20__
- Pay before class each week.
- Other: _____

Please mail this form to:

**Open Studio Project
903 Sherman Ave
Evanston, IL 60202**

Or call 847 475 0390

Office Use Only:

Total Discount Granted: \$ _____

Payment Schedule

- In-full, paid
- In full by ___/___/20__
- Incrementally

Date Due: ___/___/20__ ___/___/20__ ___/___/20__

Amount Due: