

## 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-Discount = \$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:**