

2019 Summer Art Academy Registration Form (PLEASE PRINT)

Student's Name: _____ Age _____ DOB ____/____/____

Parent/Guardian's Name: _____

Address: _____

City/State: _____ Zip: _____

Phone:(Home) _____ (Work) _____ (Cell) _____

E-mail _____

School Student Attends: _____

Are you a member of the Knoxville Museum of Art? Yes No

Class Title	Start Date	Class Fee	Total

Payment Type (check one): Visa Mastercard American Express Discover Cash Check/Money Order
If paying by check, please write separate checks for each week of art classes. Payment is processed at time of class.

Account Number _____ Exp. Date: _____

Signature: _____ Date: _____

Billing Address if different from above: _____

To order a Summer Art Academy T-shirt, please circle size(s) and quantity _____ add \$15 per shirt.

Child XS S M L
 Adult S M L XL 1XL 2XL 3XL

Payment Options Make checks/money orders payable to the Knoxville Museum of Art. Mail to the Knoxville Museum of Art, 1050 World's Fair Park Drive, Knoxville, TN 37916 to the attention of Rosalind R. Martin. Do not send cash through the mail.

Cancellations and Refunds Occasionally classes are canceled. In such cases, the full class fee will be refunded, either by check or credit card depending on your form of payment. If parents must cancel, **a full refund is possible until the Friday before the first day of class.**

Waiting Lists You may request to be placed on a waiting list. Parent will be notified in the order that they were added to the waitlist.

KNOXVILLE
MUSEUM OF ART



1050 World's Fair Park Drive
 Knoxville, TN 37916
 www.knoxart.org

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The Guild
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2019 Summer Art Academy Scholarship Program (PLEASE PRINT)

The 2019 Summer Art Academy Scholarships program is generously sponsored by The Guild of the Knoxville Museum of Art and other museum patrons. A limited number of full and partial scholarships is available for students demonstrating financial need. Parents/guardian must fill out the scholarship application and attach proof of income. Applications are processed on a first-come, first-served basis. The number of scholarships is based on available funds and may be limited. Please feel free to call the Knoxville Museum of Art's Education Department at 865.525-6101 ext,241 or email education@knoxart.org if you have any questions. I hope you take advantage of this fantastic opportunity.

Student's name: _____

School Student Attends: _____

Student's age: _____ DOB _____ / _____ / _____

Parent's name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

E-mail: _____

Have you received a scholarship from KMA before? Yes _____ No _____

Family income in 2018: \$ _____ Number of people in household: _____

How did you hear about our financial aid program? _____

Race/Ethnic Origin: _____

Class preference - please note: placement cannot be guaranteed

Class Title _____ Class Dates _____

Class Title _____ Class Dates _____

Parent/Guardian Signature _____ Date _____

Mail completed application to: Knoxville Museum of Art • 2019 Summer Art Academy Scholarship Program • 1050 World's Fair Park Drive • Knoxville, TN 37916

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