2020 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 Do you need a receipt? □ Yes □ No

<table>
<thead>
<tr>
<th>Class Title</th>
<th>Start Date</th>
<th>Class Fee</th>
<th>Total</th>
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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: ___________ Security Code: _______________

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.

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<tr>
<th>Child</th>
<th>XS</th>
<th>S</th>
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<tr>
<td>Adult</td>
<td>S</td>
<td>M</td>
<td>L</td>
<td>XL 1XL 2XL 3XL</td>
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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

Presenting Sponsor

Additional Sponsors
The 2020 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: $________________________ Number of people in household: __________________

Attach a copy of your 2019 Income Tax Return. Please Black-out all Social Security Numbers

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 • 2020 Summer Art Academy Scholarship Program • 1050 World’s Fair Park Drive • Knoxville, TN 37916