



**SOUTH SHORE ART CENTER**  
**Lois Weltman Memorial Fund for Children—Request for Financial Assistance**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
School: \_\_\_\_\_

A limited number of scholarships for Art Center classes are granted to children in early elementary grades on the basis of financial need and interest in art. Requests are accepted from art teachers and must be co-signed by a guidance counselor or principal.

Desired Course \_\_\_\_\_ Tuition \_\_\_\_\_  
Day & Time \_\_\_\_\_ Instructor \_\_\_\_\_

Second Choice \_\_\_\_\_ Tuition \_\_\_\_\_  
Day & Time \_\_\_\_\_ Instructor \_\_\_\_\_

Reason for requesting financial assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: (art teacher) \_\_\_\_\_

Signature: (guidance counselor or principal) \_\_\_\_\_

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

Return this application to:

**South Shore Art Center, 119 Ripley Road, Cohasset MA 02025**

If you have questions regarding the scholarship, please call 781-383-2787.