

Art League of Lincoln Scholarship Student Registration Form

Student Info

First Name _____

Last Name _____

Date of Birth _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Parent or Guardian Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Class Info

Class Name _____

Class Date _____

Class Fee _____

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Nominator Information

Name: _____ Organization: _____

Relationship to Nominee: (i.e. teacher, parent or guardian, Art League member,
community group partner) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email _____

Phone: _____

Nominator's basis for request and any information you would like to add: e.g.
knowledge of financial need, interest in art/classes, etc.

Signature of Nominator: _____ Date: _____

For Art League of Lincoln Use Only:

Approved By: _____ Date: _____

Accounting:

Transfer Amount: _____ Entered By: _____ Date: _____