

Youth Art Scholarship Guidelines

The Youth Art Scholarship funds are provided by a grant from the Richard B. Siegel Foundation to provide opportunities for youth to participate in the arts. Awarded funds may be used by the applicant for any youth or teen class or camp at the Walters Cultural Arts Center.

To Qualify

- You must be a resident of the City of Hillsboro, or a current student at a school in the Hillsboro School District.
- Households whose income falls below the Federal Free or Reduced Meal Guidelines are eligible (see chart below.)
- You must be 18 years or younger.

Approval Process

- Please allow up to two weeks for processing and approval. Applicants will be notified by phone or email.
- Once the scholarship has been approved, it will be added to the customer’s account.
- Approved scholarships will provide 100% of the registration fee for up to two classes. Approval for additional classes is dependent on availability of funds.
- Once you are notified of scholarship approval, you may register for eligible classes online at Hillsboro-Oregon.gov/Walters or by calling 503-615-3485.

If you have any questions concerning the application or the Youth Art Scholarship, please call the Walters Cultural Arts Center at 503-615-3485.

Mail or bring your completed application to the Walters Cultural Arts Center during regular business hours or email it to Melissa.Moore@Hillsboro-Oregon.gov.

Federal Meal Guidelines		
Monthly Household Income		
Household Size	Reduced Price Meals	Free Meals
1	\$2,248	\$1,580
2	\$3,041	\$2,137
3	\$3,833	\$2,694
4	\$4,625	\$3,250
5	\$5,418	\$3,807
6	\$6,210	\$4,364
7	\$7,003	\$4,921
8	\$7,795	\$5,478

For each additional family member, add \$793 for reduced price meals or add \$557 for free meals.

CONFIDENTIAL

Youth Art Scholarship Form

Name: _____ Birth date: _____

Home Address: _____

City: _____ State : _____ Zip Code: _____

School: _____

Parent or Guardian name: _____

Phone (Primary): _____ Phone (2nd): _____

Email: _____

Do you participate in the free or reduced lunch program, or qualify for it? Yes No

I certify that all of the above information is true and correct. I understand that this information is being given for the receipt of a financial scholarship; that City officials may verify information on this form; and that deliberate misrepresentation of the information on this form may subject me to prosecution under applicable laws.

Signature: _____ Date: _____

Printed name: _____