THE ARTS CENTER
OF THE CAPITAL REGION

Date Received

2015 CHILD SCHOLARSHIP APPLICATION FORM

The Arts Center of the Capital Region | 265 River Street | Troy, New York 12180 | (518) 273-0552 x 222

Scholarships are considered on a rolling basis when funding is available. Scholarship funds are limited and depending on the source of the funds, may be available only for residents of certain cities or counties, types of students or selected classes.

SCHOLARSHIP APPLICATIONS TAKE AT LEAST TWO WEEKS TO PROCESS. PLEASE BE TIMELY WITH YOUR REQUEST. THANK YOU.

Please fill out all sections of the application. Should you have any questions, please call Joseph (518)273-0552 x 233.

PART I – CONTACT INFO (please print clearly)

Student's Name_____ Gender: ☐ M ☐ F

Student's D.O.B. _____ Student's Age: ____ School Name: _____

Parent/Guardian Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email _____

Has any organization or agency recommended the student to attend the program? _____

Name of organization or agency:_____

Contact Person _____ Contact Phone _____

PART II – CLASS/CAMP CHOICE

Please tell us your first and second choices. We will honor your choices whenever possible, but may offer alternatives. Partial scholarships are frequently offered. We ask that families requesting scholarships contribute what they can.

Class(es) or Camp(s) requested:

1. Class Title _____

   Class Dates _____Cost $ _____ Amount you can pay:_____

2. Class Title _____

   Class Dates _____Cost $ _____ Amount you can pay:_____

NOTE: *Nearly all classes and camps carry a materials fee (usually between $25 and$50). Materials fees are rarely eligible for scholarships and must be paid by the applicant or by a sponsoring organization.*

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PART III – INCOME

Arts Access Scholarships are intended for children and adults with a demonstrated financial need. While all applications will be considered, preference will be given to families falling within the annual income guidelines below:

Family Size	**2 person**	**3 person**	**4 person**	**5 person**	**6 person**	**7 person**	**8 person or more**
Annual Income*	$45,390	$57,270	$69,150	$81,030	$92,910	$104,790	$116,670

My household is located in the city of _____ in the county of _____.

My household consists of _____ members. My household's total annual income is $_____.

NOTE: *A household consists of all people living in the household for more than a month at a time. Income includes earned wages, any form of government financial assistance, child support, alimony, retirement payments, income earned on investments, etc*

I am employed during the hours/days in which the class will occur. ☐ Yes ☐ No

I plan on attending school/training during the hours/days in which the class will occur. ☐ Yes ☐ No
(Please supply a copy of your school registration form)

*** Please attach one of the following:**

A) A copy of your household's most recent tax return

B) Copies of the following documentation: the two most recent pay stubs from each of the wage earners in your household, the two most recent receipts for each type of government financial assistance received by each member of the household (if applicable), your two most recent child support or alimony checks received by each member of the household (if applicable), or any other relevant sources of income.

I hereby attest that the income and residence information listed above is true and complete.

Applicant's Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

Part IV – Request

In the space below, please provide a brief statement explaining your need for assistance and what your child will gain from participating in the program.