The ArtsCenter
300-G East Main Street, Carrboro, NC 27510
919.929.2787
www.ArtsCenterLive.org

The ArtsCenter
Always Inspiring.

Adult and Youth Scholarship Application

Applications will be processed only after all information is submitted and the application is filled out completely. Please return this application with requested support materials to The ArtsCenter Box Office during business hours, or mail to the address above.

Please provide all requested information on this form so that The ArtsCenter can grant scholarships in a fair and consistent manner. All information provided herein is kept confidential for The ArtsCenter's use only and is used solely to determine eligibility. Please bear in mind that scholarships are limited and available only to those who express significant financial need. The ArtsCenter reserves the right to determine criteria for scholarship awards. Many scholarships are partial and require some financial participation from the family.

In the Chapel Hill-Carrboro City School District (CHCCS) eligibility for free or reduced school lunches is based on gross monthly income and family size. For our Youth Scholarships, The ArtsCenter has taken CHCCS guidelines and expanded them so as to increase eligibility. Meeting these guidelines does not guarantee a scholarship. In addition to income and family size, scholarships are awarded based on the information you provide on this application and the order in which we receive requests. We are rarely able to fulfill all scholarship requests.

To process your application, please attach one of the following:

- (**for youth scholarship only**) award letter from school district indicating student's eligibility for free or reduced lunch or
- copy of your most recent tax return or
- copies of the last two pay stubs for all adults contributing to household expenses or
- copy of your current Medicaid Identification Card (MID)

Today's Date: _____

Student's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email address: _____@_____

If Youth Scholarship, Student's Age: _____ ; Student's Grade: _____ ; Student's School: _____

If this is Youth Scholarship, Parent/Guardian's Name(s): _____

Please list the program(s) for which you are requesting assistance in order of preference.

1. _____ 3. _____

2. _____ 4. _____

Employment Information (Parent's Employment for Youth Scholarships)

Employer: _____ Work Phone: _____

Position: _____ Length of Employment: _____

Full-time: _____ Part-time: _____ (If Part Time, do you work another paid job? YES NO)

Are you a full time student? YES NO If yes, where?_____

Spouse/Partner Information (If applicable:)

Spouse/Partner's Employer: _____ Work Phone: _____

Position: _____ Length of Employment: _____

Full-time: _____ Part-time: _____ (If Part Time, does s/he work another paid job? YES NO)

Is your spouse/partner a full time student? YES NO If yes, where?_____

HOUSEHOLD GROSS MONTHLY INCOME*: $_____

*Including child support, government assistance and combined income of all adults sharing household expenses

Total number in household: _____

Does your family receive child support? YES NO

Does your child receive free or reduced school lunch? YES NO

Do you receive government assistance? YES NO

How much tuition can you afford to pay? $ _____

Is there anything else you would like us to know when considering this application, particularly about your financial situation, the reason you are applying for scholarship assistance, or if this is a youth scholarship, information about the student?

_____

_____

_____

_____

I verify that all the information submitted is correct and accurate. If I submit inaccurate information, I understand that I will lose my scholarship and be charged the full price for the class.

_____ _____

Signature of Applicant (or Parent, if Youth Scholarship) Date