



## Youth Scholarship Application

**Applications will be processed only after all required 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 ArtsCenter, 300-G East Main Street, Carrboro, NC 27510.**

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:

- Award letter from school district indicating student's eligibility for free or reduced lunch
- Copy of your most recent tax return
- Copies of the last two pay stubs for all adults contributing to household expenses
- Copy of your current Medicaid Identification Card (MID)

### PLEASE FILL OUT A SEPARATE FORM FOR EACH STUDENT.

Today's Date: \_\_\_\_\_

Student's First and Last Name: \_\_\_\_\_ School: \_\_\_\_\_

Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_ (MUST be entering Kindergarten by Fall 2017 to attend camp)

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Student's allergies or medical conditions: \_\_\_\_\_

**For which youth program are you requesting assistance? (Circle one)**

Summer ArtsCamp

AfterSchool Arts Immersion

**If you are applying for a summer ArtsCamp scholarship, which week(s) of the summer are you requesting?**

- |   |   |
|---|---|
| <input type="checkbox"/> Any week(s)                        | <input type="checkbox"/> July 10-14       |
| <input type="checkbox"/> June 12-16                         | <input type="checkbox"/> July 17-21       |
| <input type="checkbox"/> June 19-23                         | <input type="checkbox"/> July 24-28       |
| <input type="checkbox"/> June 26-30                         | <input type="checkbox"/> July 31-August 4 |
| <input type="checkbox"/> July 3 MiniCamp (Monday only)      | <input type="checkbox"/> August 7-11      |
| <input type="checkbox"/> July 5-7 (no camp Tuesday, July 4) | <input type="checkbox"/> August 14-18     |

**What time of day are you requesting?**

- AM session only (9 AM-Noon)     PM session only (1-4 PM)     Full day session (9 AM-4 PM)     No preference

Is there a specific camp your child wishes to attend? (theatre, painting, sewing, etc.) If so, list in order of preference.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Can you provide a lunch (if attending a full day camp) and snack for your child each day? (Circle)    **YES**    **NO**

Does your child need extended care? (Circle)    **Early drop-off (7:30-9 AM)**    **Late pick-up (4:00-5:30 PM)**

**How much tuition can you afford to pay per week of camp? \$ \_\_\_\_\_**

**Employment Information (Parent/Guardian)**

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Full- or 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- or 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 lunch? YES NO

Do you receive government assistance? YES NO

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 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 Parent/Guardian

\_\_\_\_\_  
Date