



Scholarship Application: AfterSchool Arts Immersion 2018-2019

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. AfterSchool Arts Immersion scholarships are partial and require some financial participation from the family.

For our youth scholarships, The ArtsCenter has taken the most current federal poverty guidelines and expanded them so as to increase eligibility. However, 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 number of requests we receive. We are rarely able to fulfill all scholarship requests.

To process your application, please check that your family meets the criteria in the chart below, attach proof of income AND completely fill out the following financial information page.

2018 Federal Poverty Guidelines	
Family size	2018 Federal Yearly Income 185%
2	\$30,451
3	\$38,443
4	\$46,435
5	\$54,427
6	\$62,419
7	\$70,411
For each additional family member, add \$7,992.	

Accepted forms of proof of income (you only need to submit ONE of the following):

- Copy of your most recent tax return
- Copies of the last two pay stubs for all adults contributing to household expenses
- Copy of Wages and tax statement (W-2 and/ or 1099) for all adults contributing to household expenses

****You must include one of these documents even if you have previously received a scholarship from The ArtsCenter!****

PLEASE FILL OUT A SEPARATE FORM FOR EACH STUDENT.

STUDENT INFORMATION

Today's Date: _____

Student's First and Last Name: _____ School: _____

Current Age: _____ Date of Birth: _____ Grade in **Fall 2018**: _____

Student's allergies, medical conditions, behavior notes: _____

Parent/Guardian Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact Name: _____ Emergency Phone: _____

Scholarship options:

- 3 days/week, \$50 / month family contribution
- 4 days/week, \$75 / month family contribution
- 5 days/week, \$100 / month family contribution

Family contributions are due on the 15th of each month for the following month, and can be paid by cash, check, or auto-pay (credit card).

Which days of the week are you requesting? Remember that days must remain consistent each week. Any changes to a student's schedule must be made before the 15th of the preceding month.

- Monday Tuesday Wednesday Thursday Friday

Are you requesting transportation from school to The ArtsCenter for your child?

- Yes No, I will drop my child off at The ArtsCenter each day.

FINANCIAL INFORMATION

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 tuition.

Signature of Parent/Guardian

Date