



Youth Scholarship Application: Summer 2018

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)

****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.

Today's Date: _____

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

Current Age: _____ Grade in **Fall 2018**: _____ (MUST be entering Kindergarten by Fall 2018 to attend camp)

Parent/Guardian Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Emergency Contact Name: _____ Emergency Phone: _____

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

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"/> Week 6: July 16-20 |
| <input type="checkbox"/> Week 1: June 11-15 | <input type="checkbox"/> Week 7: July 23-27 |
| <input type="checkbox"/> Week 2: June 18-22 | <input type="checkbox"/> Week 8: July 30-August 3 |
| <input type="checkbox"/> Week 3: June 25-29 | <input type="checkbox"/> Week 9: August 6-10 |
| <input type="checkbox"/> Week 4: July 2-6 (no camp Wed. July 4) | <input type="checkbox"/> Week 10: August 13-17 |
| <input type="checkbox"/> Week 5: July 9-13 | <input type="checkbox"/> Week 11: August 20-24 |

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)**

If you are able to make any contribution to your child's camp tuition, please note it here.

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