



ArtsCamp Scholarship Application: Summer 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.

Priority application period: Scholarship applications will be accepted beginning on January 21, and applicants will be notified of their award by March 1. We will continue accepting applications after March 1 if funding is still available.

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 ArtsCamp 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.

Today's Date: _____

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

Current Age: _____ Grade in **Fall 2019**: _____ (MUST be entering Kindergarten by Fall 2019 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: _____

Which week(s) of the summer are you requesting?

- | | |
|---|---|
| <input type="checkbox"/> Any week(s) | <input type="checkbox"/> Week 5: July 15-19 |
| <input type="checkbox"/> Week 1: June 17-21 | <input type="checkbox"/> Week 6: July 22-26 |
| <input type="checkbox"/> Week 2: June 18-22 | <input type="checkbox"/> Week 7: July 29-August 2 |
| <input type="checkbox"/> Week 3: July 1-3 (no camp July 4 or 5) | <input type="checkbox"/> Week 8: August 5-9 |
| <input type="checkbox"/> Friday, July 5 MiniCamp | <input type="checkbox"/> Week 9: August 12-16 |
| <input type="checkbox"/> Week 4: July 8-12 | <input type="checkbox"/> Week 10: August 19-23 |

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