

## Scholarship Application: AfterSchool Arts Immersion 2019-2020

Applications Deadline for Priority Processing: April 28, 2019.

We will contact you regarding the status of your application by Friday, May 3, 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, email materials to Youth Education Manager <a href="mailto:nrambaldi@artscenterlive.org">nrambaldi@artscenterlive.org</a> or mail to: The ArtsCenter, 300-G East Main Street, Carrboro, NC 27510.

All information provided herein is kept confidential for The ArtsCenters use only and is used solely to determine eligibility.

Please bear in mind that scholarships are limited. The ArtsCenter reserves the right to determine criteria for scholarship awards. AfterSchool Arts Immersion scholarships are partial and require some financial contribution 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.

2019 Federal Poverty Guidelines						
Family size	2019 Federal Yearly					
	Income 185%					
2	\$31,284					
3	\$39,461					
4	\$47,638					
5	\$55,815					
6	\$63,992					
7	\$72,169					
8	\$80,346					
For each addition	onal family member, add \$4,320.					

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

<sup>\*\*</sup>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 2019**: \_\_\_\_\_ Student's allergies, medical conditions, behavior notes: Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_ Emergency Contact Name: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ **Scholarship options:** □ 3 days/week, \$60 / 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). There is no charge for tuition in August or June and no registration fee. To sign up for AutoPay, please email <u>nrambaldi@artscenterlive.org</u> 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

### **FINANCIAL INFORMATION**

### **Employment Information (Parent/Guardian)**

Are you a full-time student? YES NO If yes, where?	Employer:	Wor	k Phone:				
Are you a full-time student? YES NO If yes, where?  Spouse/Partner Information (if applicable)  Spouse/Partner's Employer:	Position:						
Spouse/Partner Information (if applicable)  Spouse/Partner's Employer:	Full- or Part-time?	(If part-time, do you work another paid job? YES NO )					
Spouse/Partner's Employer:	Are you a full-time student? YES NO If ye	es, where?					
Length of Employment:  [Full- or Part-time?	Spouse/Partner Information (if applicable)						
Full- or Part-time? (If part-time, does s/he work another paid job? YES NO s your spouse/partner a full-time student? YES NO If yes, where?	Spouse/Partner's Employer:	Work Phone:					
HOUSEHOLD GROSS MONTHLY INCOME*: \$ Fincluding 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  s there anything else you would like us to know when considering this application, particularly about your finance.	Position:	_ Length of Emplo	oyment:				
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  s there anything else you would like us to know when considering this application, particularly about your finance.	Full- or Part-time?	(If part-time, d	(If part-time, does s/he work another paid job? YES NO				
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  s there anything else you would like us to know when considering this application, particularly about your finance.	Is your spouse/partner a full-time student? YES	NO If yes,	where?				
Does your family receive child support?  YES  NO  Does your child receive free or reduced lunch?  YES  NO  Oo you receive government assistance?  YES  NO  s there anything else you would like us to know when considering this application, particularly about your finance.	*Including child support, government assistance, and	-	of all adults sharing hous	sehold expenses			
Does your child receive free or reduced lunch?  YES  NO  YES  NO  s there anything else you would like us to know when considering this application, particularly about your finance.		VEC	NO				
Do you receive government assistance?  YES  NO s there anything else you would like us to know when considering this application, particularly about your finan							
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	-		<u>-</u>	ccurate inform	ation, I u		
verify that all the information submitted is correct and accurate. If I submit inaccurate information, I that I will lose my scholarship and be charged the full price for tuition.	Signature of Parent/Guardian		Date				