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 nrambaldi@artscenterlive.org or mail to: The ArtsCenter, 300-G East Main Street, Carrboro, NC 27510.

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. 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.

<table>
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<th>2019 Federal Poverty Guidelines</th>
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<tr>
<td>Family size</td>
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For each additional 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

**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: _________________________

Address: ____________________________________________________________

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 nrambaldi@artscenterlive.org*

*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)

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?

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________________________________________________________________________________________

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________________________________________________________________________________________

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