



CONFIDENTIAL SCHOLARSHIP APPLICATION

If you or your family has unusual circumstances (such as loss of employment) that might affect need for student aid, submit this form and consult the President. This confidential form is used for the sole purpose of awarding scholarships to students in need of financial aid. No part of this form may be processed/disclosed to anyone other than the President, Education Coordinator, or the Financial Officer of the Art Center.

ADULT APPLICANT OR PARENTS OF STUDENT PLEASE ANSWER THE QUESTIONS BELOW:

Student's Full Name: _____ Adult Child

Parents' Names (If student is child):

Mother: _____ Father: _____

Family's permanent address: _____

City: _____ State: _____ Zip: _____

Family's permanent phone number: Day: _____ Evening: _____

Driver's license number (Parent's if student is child): _____

Are you a U.S. Citizen? Yes No

State of your legal residence: _____ Do you own your own home or rent?

If student is a minor, is he/she an orphan, ward of the court (foster care, etc.)?

What was your and spouse's adjusted gross income for last year (on IRS Form 1040 – line 36; 1040A – line 21; 1040EZ – line 4; or Telefile – line 1)? _____

PLEASE PROVIDE A COPY OF THE ABOVE FORM WITH THIS APPLICATION.

Enter your and your spouse's exemptions. Exemptions are on IRS Form 1040 – line 6d, or on Form 1040A - line 6d. _____

Parent's Marital Status as of today? Married Single Divorced/Separated

How many people in your household? _____ Children's Ages: __, __, __, __, __, __, __

Father's Social Security Number: _____ Name: _____

Mother's Social Security Number: _____ Name: _____

Adult Student's Social Security Number: _____

ADULT STUDENTS OR PARENTS PLEASE READ THIS ENTIRE FORM AND SIGN BELOW.

This information is true and correct to the best of my knowledge.

Signature of Parent or Adult Student

Date

Financial aid awards are calculated on the courses in which the students enroll and any costs of materials or equipment for those courses. Scholarship dollars are based upon a formula for financial assistance to enroll and complete courses/programs with the Center for the Arts.

CLASS NAME OR CODE	CLASS FEES	SCHOLARSHIP AMOUNT	APPLICANT'S PORTION	COMMENTS OTHER INFO

Total amount awarded: _____ Total amount of Applicant's portion: _____

Signature of President

Date

