



SCHOLARSHIP APPLICATION

FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS TO:
Scholarship Committee

Date of Application:

Email: info@artsinct.org

Please note: Applying for scholarship assistance does not register you for camp.

If you have already registered through the registration, **you are responsible for the full tuition if a scholarship is not awarded.**

Enclosed is my deposit (\$50/adult, \$125/family of families 3 or more). I am aware the balance is due 2 weeks prior to the camp.

Please charge my: Master Card Visa Discover Amex Card #

_____ Expiration Date

_____ Amount Charged

_____ Name on Card

_____ \$50/\$125 non-refundable/non-transferable
deposit Arts in CT Scholarships PO Box 2921 • New Haven, CT 06515

Summer Camp Scholarship Guidelines:

- Applicants are evaluated without regard to race, religion, natural origin, sex or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Staff of Arts in CT Corp and their children are not eligible for scholarship assistance.
- Scholarships may not be awarded two years in a row.
- Incomplete applications will not be reviewed.
- Scholarships will be awarded based on need and talent.

Summer Camp Scholarship Recipient Requirements:

- Submit completed application
- Submit financial documentation (2015 tax return) demonstrating need (if applicable, for need based)
- Submit letter of intent demonstrating passion for the arts (if applicable, for merit based)
- All recipients after camp must submit a survey form on review of camp



Name of Child _____

Birth date _____/_____/_____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Family Email _____

Rising Grade _____ School _____

What is your Talent? _____ Years of Experience _____

Please email video of child's ability in his/her talent to info@artinsct.org

(you do not have to be a professional)

Parents Name _____

Address (same of different from the child) _____

Single Married Separated Divorced Widowed

Place of Employment _____

Mother's Name _____

Address (if different) _____

Place of Employment _____

Name of Legal Guardian (if not living with mother/father) _____

FINANCIAL INFORMATION Eligibility for need-based scholarships applicant does not fall within these criteria but can prove other special circumstances, the scholarship committee will review and may grant a scholarship. *Household includes all people (adults and children) living in the household, related or not (grandparents, other relatives, friends, etc.).

Please indicate your total annual household income from all sources (including wages, interest income, investments, alimony, child support, social security, public assistance):

- Below \$10,000 \$20,001-\$25,000 \$35,001-\$40,000 \$50,001-\$55,000
- \$10,001-\$15,000 \$25,001-\$30,000 \$40,001-\$45,000 \$55,001-\$60,000
- \$15,001- \$20,000 \$30,001-\$35,000 \$45,001-\$50,000 \$65,001-\$70,000
- Over \$70,000

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time?

Are other family members currently applying for assistance? Yes No

Fee Amount you are requesting:

\$ _____ In addition to the fee,
how much can you contribute? \$ _____

FINANCIAL NEED List data for those living in your home only.

Be sure to include income from child support, workers compensation and disability income.

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Copy of most recent tax return attached 2015

Total Income before Taxes (Gross Wages) Monthly Annual Job Title/Profession Parent/Guardian #1: _____ \$ _____ x 12 \$ _____

Job Title/Profession Parent/Guardian #2: _____ \$ _____ x 12 \$ _____

Monthly Income from Child Support/Foster Care (if applicable) \$ _____ x 12 \$ _____

Name _____ \$ _____ per month

TOTAL INCOME: \$ _____ Name _____ \$ _____ per month

Name _____ \$ _____ per month

If unemployed, please list (1) previous job and (2) income and (3) how long you have been unemployed (4) workers comp or disability:

1) _____ 2) \$ _____ per month

3) Date _____ 4) \$ _____ per month.

Living Expenses Monthly Annual Housing Costs (rent/mortgage) \$ _____ x 12 \$ _____

Utilities/Groceries \$ _____ x 12 \$ _____

Car Expenses (payments, insurance, gas) \$ _____ x 12 \$ _____

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Other Expenses (List/describe any other expenses such as tuition, medical bills not paid by insurance, etc.)

_____ \$ _____ x 12 \$ _____

_____ \$ _____ x 12 \$ _____

_____ \$ _____ x 12 \$ _____

Total EXPENSES: \$ _____

Financial section must be complete in order for your application to be considered. Please explain any extenuating circumstances related to your financial need. Additional pages may be added if necessary.

What do you hope your child will gain from this experience?

What is your previous experience with the Performing Arts Academy or Arts in CT?

How many children currently live in the household? _____
Please list their ages:

Are you currently taking classes with Arts in CT? _____

All the information in this application is true and complete to the best of my knowledge.

Signature _____ Date _____

Remember to sign your application, complete the front page and include your deposit.
Mail to Arts in CT Scholarships.