

Cultural Arts Center 2015 Scholarship Application Form

Name of Student: _____ AGE: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Number of people living in your home: _____

Mom/StepMom's Name: _____

Mom/StepMom's Workplace: _____

Mom/StepMom's Phone Numbers: cell- _____ work- _____

Dad/StepDad's Name: _____

Dad/StepDad's Workplace: _____

Dad/StepDad's Phone Numbers: cell- _____ work- _____

Parent's EMAIL address: _____

MEDICAL INFORMATION:

Does your child take any form of medication daily or on a regular basis? ___Yes ___ No If yes, please tell us about it:

Name of Medicine: _____ Dosage amount: _____ how often
taken: _____ What is it for? _____

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taken: _____ What is it for? _____

Please mark any medicines that we will be required to give your child while they are here at the Cultural Arts Center for classes.

SCHOOL INFORMATION

School you will be attending in fall 2015: _____

School Grade you will be in fall 2015: _____ Does your child receive any special academic services in school such as an IEP or is enrolled in a special services class for a learning disability, handicap, or other service? _____

Tell us about this special need: _____

FINANCIAL INFORMATION

All information released in this application is kept strictly confidential. Only a committee of 3 will see this form and any documentation that accompanies it and considers this to be confidential information and therefore cannot release it to any outside party. Please complete the list below and tell us about your income:

Money Coming Into The Home by Anyone living in the house:

Check one

Type of Money coming in:	Amount	weekly	every 2 wks	monthly
Mom/Stepmom's take home paycheck	\$			
Dad/Stepdad's take home paycheck	\$			
Child Support	\$			
Alimony	\$			
Money given for the care of children by a friend	\$			
WIC and/or Food Stamps	\$			
Social Security/ SSI/ Disability	\$			
Insurance Settlement	\$			
TOTAL REVENUE COMING IN TO HOME:	\$			

Money you pay in the form of bills or living expenses:

Type of Bills or Living Expenses you pay out	Amount	weekly	every 2 wks	monthly
RENT	\$			
ELECTRIC BILL	\$			
GAS BILL	\$			
CAR PAYMENT	\$			
CAR INSURANCE	\$			
GAS FOR CAR	\$			
GROCERIES	\$			
DOCTOR BILLS	\$			
HOSPITAL BILLS	\$			
MEDICINE BILLS	\$			
CHILD CARE BILLS	\$			
CHARGE CARD BILLS	\$			
LOAN PAYMENTS (CASH ADVANCE, TITLE LOAN,)	\$			
CELLPHONE	\$			
HOME PHONE	\$			
CABLE TV	\$			
INTERNET	\$			
PAY PER VIEW ON CABLE	\$			
CLOTHING/SHOES/HAIR CARE/NAILS	\$			
INFANT SUPPLIES (DIAPERS, WIPES, FORMULA)	\$			
SAVINGS ACCOUNT	\$			
OTHER: please specify who you are paying and for what below	\$			
	\$			

	\$			
	\$			
	\$			
TOTAL EXPENSES GOING OUT FOR THE FAMILY	\$			
DOLLARS LEFT OVER	\$			

Explain any expenses that you have listed that you feel we need more information about: _____

Tell us WHY you NEED this scholarship: _____

Can you pay SOMETHING towards the cost of the class, camp, or workshop? ____YES ____NO if so, how much can you pay towards the total cost of the class: \$_____

A REQUIREMENT OF ALL SCHOLARSHIP RECEIPIENTS:

In order to receive this scholarship, the Cultural Arts Center will host throughout the year Family Workshops to help you learn how to reduce your debt, pay off your loans, and improve your ability to provide financially for your family.

Would you be willing to participate in one of these workshops in order to receive this scholarship?

YES_____ NO _____

I verify that all the information that I have documented on this application is true and correct to the best of my knowledge and that IF ASKED, I CAN PROVIDE DOCUMENTATION ON THE BILLS I PAY AND THE CHECKS I RECEIVE.

Signed: _____ Date: _____

Scholarship Parent

Please Print your name: _____

Thank you for submitting this Scholarship Application. Our committee will be meeting soon and you will receive confirmation or denial of this application by mail/email/or phone soon.

The Board of the Cultural Arts Center