

## ArtExchange Summer ArtExperience 2016 Scholarship Application

Applicant Information			Today's Date:      /      /	
Parent's First Name:	Middle:	Last:	Email Address:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home Phone #: (      )      -		Home Phone #: (      )      -		
Child's First Name		Child's Last Name	Email Address	
Marital Status: (circle one)		Single	In a relationship	Married      Divorced      Separated      Widowed

Household Size	
Name	Date of Birth
	/ /
	/ /
	/ /
	/ /
	/ /

NOTE: To comply with federal regulations, in order to give you a discount on our services, in the form of a scholarship, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. Your annual income and your family size will be used to calculate your scholarship eligibility.

\*A copy of your 2015 tax exempt form is required for our scholarship committee to view.

Household Income				
Name	Amount	Frequency (Circle one)	Employer:	
You	\$	Weekly   Monthly   Yearly		
Spouse	\$	Weekly   Monthly   Yearly		
Other	\$	Weekly   Monthly   Yearly		
<b>TOTAL</b>				
Other Income	You	Spouse	Other	Subtotal
Social Security				
Public Assistance				
Retirement Pension				
Food Stamps				
Child Support, Alimony				
Interest Income				
Other				
				<b>TOTAL: \$</b>

**Sliding Fee Scale:**

A – 50% Discount

B – 40% Discount

C – 30% Discount

D – 20% Discount

E – 10%Discount

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the scholarship program.

Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

## Questionnaire

(Please write in the space provided)

1. Why are you interested in having your child attend the ArtExchange's 2016 Summer ArtExperience?

2. How would your child benefit from participating in an Art program.