

ARTSCOPE STUDIO
(Ages 13-18)

FINANCIAL AID APPLICATION

The information supplied by the applicant will be considered confidential. It will not be made available to any individual or group not directly concerned with the granting of ArtScope Studio scholarships.

The ArtScope Studio program calls the applicant's attention to the fact that the money available for scholarships is limited. Therefore, it is vital that you return this form BY MAY 1 so that your child may be considered for assistance.

ArtScope Studio endorses the following principles:

No scholarship application shall be considered unless the committee believes that the applicant will make a commitment to attend regularly and fully participate in the program.

A scholarship shall be granted only after the committee has carefully examined the need for such aid.

- * Only applications completed in full will be considered (no blank spaces).
- * Siblings may be listed on one scholarship application if they are in the same ArtScope Studio program.

* **All of the following items must be postmarked by May 1, 2018:**

- **COMPLETED SCHOLARSHIP APPLICATION**
- **COMPLETED REGISTRATION FORM**

* **NO APPLICATION WILL BE CONSIDERED WITHOUT REQUIRED MATERIALS. APPLICATIONS RECEIVED AFTER THE May 1 DEADLINE WILL BE CONSIDERED ON A FIRST-COME, FIRST-SERVE BASIS AS MONEY ALLOWS.**

* **If aid is granted and the child is absent more than one day during camp, the parent or guardian forfeits the aid and is responsible for paying the entire tuition of \$100.**

Receipt of this application will reserve the student's space in ArtScope Studio. Applicant will receive notification of scholarship amount no later than May 30. If you have any questions concerning this application or any other aspect of ArtScope Studio, please call Emily Hector Godwin at (405) 222-0487 or e-mail artscopedirector@gmail.com.

ARTSCOPE STUDIO FINANCIAL AID APPLICATION – ages 13-18
PLEASE TYPE OR PRINT IN BLACK INK

Name of Student(s) _____ Phone _____

Home Address _____ City _____ State _____

Date of Birth ____/____/____ Age _____ School Attending _____

(additional Studio child) ____/____/____ _____

Father's Name _____ Phone _____

Father's Address _____ City _____ State _____

Father's Occupation _____ Employed by _____

Years with Firm _____ Business Phone _____

Business Address _____ City _____ State _____

Mother's Name _____ Phone _____

Mother's Address _____ City _____ State _____

Mother's Occupation _____ Employed by _____

Years with Firm _____ Business Phone _____

Business Address _____ City _____ State _____

Student lives with: _____ Mother _____ Father _____ Both _____ Other

Does student qualify for free or reduced price school lunches? ____ yes ____ no ____ never applied

Does student hold a valid CDIB card? ____ yes ____ no

HOUSEHOLD INFORMATION:

Status of parent with whom student resides: _____ single/divorced _____ married _____ other

Total size of household during 2018 will be _____.

List dependent children:

Name	Age	School or College
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME AND EXPENSE INFORMATION FOR THE YEAR 2017

	Father	Mother	Other, including step-parent in same household
Earnings (wages, interest, net business income)			
Other Receipts (social security, AFDC, unemployment compensation, child support, etc.)			
TOTAL FOR THE YEAR 2017			

Parent claiming student for 2017 income tax dependent: _____

More information on reverse

ESTIMATED INCOME AND EXPENSE INFORMATION FOR THE YEAR 2018

IF NO CHANGES ARE EXPECTED IN INCOME, PLEASE COPY INFORMATION FROM FRONT.

	Father	Mother	Other, including step-parent in same household
Earnings (wages, interest, net business income)			
Other Receipts (social security, AFDC, unemployment compensation, child support, etc.)			
TOTAL FOR THE YEAR 2018			

Parent claiming student for 2018 income tax dependent: _____

What minimum tuition grant do you need in order to attend ArtScope Studio?

Has student received scholarship to ArtScope and/or ArtScope Studio before? _____

Please use the bottom of this page to explain any extenuating circumstances.

I represent that all information in this application is accurate and a fair disclosure of my present financial condition and that if financial aid is awarded, the student will be present every day barring illness.

If the student is absent more than one day in the two-week session, I agree to forfeit the aid and pay the entire tuition of \$100.00.

Signed _____ Date _____

Check to see that application is complete. Do not leave any blanks. Applications that are incomplete will not be considered. If a question does not apply to you, mark N/A.

Please mail:

**application
completed registration form**

by May 1 to:

**ArtScope Studio Financial Aid Committee
c/o Emily Hector Godwin
20 Dusky Valley Lane
Chickasha, OK 73018**