

FINANCIAL AID APPLICATION



If applying for more than one child, please fill out a separate form for each child.

THIS FORM MUST BE SUBMITTED ONE WEEK BEFORE CLASSES BEGIN AND COMPLETED FULLY EVEN IF YOU HAVE APPLIED BEFORE. If sending via e-mail, please scan and send to info@ashtabulaartscenter.org.

___ Fall Session ___ Holiday Session ___ Winter Session ___ Spring Session ___ Summer Session

Student's Name _____ Age _____ Date _____

Address _____
Street City Zip Code

Phone Number: _____ E-mail: _____

Parent/Guardian Name _____ Occupation _____
If unemployed, how long? _____

Parent/Guardian Name _____ Occupation _____
If unemployed, how long? _____

Reason for financial aid request: _____

Class(es): _____
Specific name of class(es) that financial aid is to be applied.

Cost of Class(es): \$ _____ Have you received financial aid in the past? Yes ___ No ___

Are you a member of the arts center? Yes ___ No ___ (Members receive a discount on all classes.)

Amount of requested financial aid? _____ Applicant referred by: _____

Signature of Parent/Guardian Date _____

Students awarded financial aid will be expected to attend all classes. Parents and students (if age appropriate) will be called to volunteer.

I WILL volunteer to help with:

___ Cook Dinners ___ Box Office ___ Usher ___ Sew Costumes
___ Serve Dinners ___ Concessions ___ Mailings ___ Provide Snacks/Desserts for Receptions

FOR OFFICE USE ONLY:

Amount of financial aid approved: \$ _____ Amount student pays: \$ _____

Date

Signature of Staff

Student participation in ongoing classes/lessons will be reviewed by Ashtabula Arts Center staff at the end of class sessions or every two months for individual instruction to determine continuation of this offering.

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