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ArtsCamp 2010 Scholarship Application

Please provide the requested information on this form regarding income, family size, and expenses so that The ArtsCenter can grant scholarships in a fair and consistent manner.

In the Chapel Hill-Carrboro City School District (CHCCS), Lincoln Center determines eligibility for free or reduced school lunches based on gross monthly income and family size. The ArtsCenter has taken CHCCS guidelines and expanded them so as to increase eligibility. Meeting these guidelines does not guarantee a camp scholarship. In addition to income and family size, scholarships are awarded based on the information you provide on this application and the order in which we receive requests. We are, unfortunately, unable to fulfill all scholarship requests at this time.

To process your application, please attach one of the following:

- copy of 2008 or 2009 tax return **or**
- copies of your last two pay stubs **or**
- proof that camper is eligible for free or reduced lunch (if camper is a school age child)

All information provided on this form is confidential and is used solely to determine eligibility. The ArtsCenter reserves the right to determine criteria for scholarship awards.

Applications will be processed only after all information is submitted and the application is filled out completely.

Personal Information

Today's Date: _____

Camper's Name: _____

Camper's Age: _____ Camper's Grade (*Entering in Fall 2010*): _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Please list the summer camp session(s) for which you are requesting assistance in order of preference.

1. _____ 3. _____

2. _____ 4. _____

Are you a full time student? _____ If yes, where? _____
Are you married? _____ Is your spouse a full time student? _____ If yes, where? _____
Total number of dependents: _____

Employment Information

Employer: _____ Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____

Part-time: _____ Full-time: _____

Spouse's Employer: _____ Work Phone: _____

(If applicable)

Address: _____

City: _____ State: _____ Zip: _____

Position: _____ Length of Employment: _____

Part-time: _____ Full-time: _____

Gross Monthly Income: _____

Do you share expenses with anyone else in your household? Y / N

Does your child receive free or reduced school lunch? Y / N

Do you receive government assistance? Y / N

How much tuition can you afford to pay? \$ _____

Is there anything else you would like us to know when considering this application?

I verify that all the information submitted is correct and accurate. If I submit inaccurate information, I understand that I will lose my scholarship and be charged the full price for the class.

Signature of Applicant

Date