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:____________________________

_________________________________________ Date ______________
Signature of Parent/Guardian

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.  
Rev. 11/15