



The Arts Center

Application for Waiver of Tuition Summer 08 Term

Must be submitted by: June 1, 2008

This application must be filled out entirely; because of federal regulations, blank lines and unanswered questions will cause your application to be delayed or possibly even rejected.

Eligibility guidelines:

- Full waiver of tuition cannot be granted for more than 2 classes per person
- Partial waiver of tuition may or may not be granted for each class beyond 2
- Annual household income that exceeds \$35,000 for a family of 4 or less does not qualify for waiver of tuition **unless extenuating circumstances apply**
- Applicants with a defined physical, emotional, or mental handicap are eligible for waiver of tuition, regardless of family income

Student(s) Name

Parent/Guardian Information

Parent(s) _____ (mother) _____ (father)

or

Guardian(s) _____ Relationship to Child _____

Home Phone ____ - ____ * Work ____ - ____ * Cell Phone _____ *

(*At least two phone numbers must be provided for Tuition Waiver consideration.)

Mailing Address

Street _____ City _____ State _____ Zip Code _____

Household Information

Number of persons in the home _____ Is Parent/Guardian a college student? Yes / No

Number of employed persons in the home _____

Annual household income: ____ less than \$20,000 ____ \$20,001 - \$25,000

____ \$25,001 - \$30,000 ____ \$30,001 - \$35,000

____ \$35,001 or more

Is the child eligible to receive free or reduced lunch at school? Yes / No

Describe any special financial circumstances to be considered:

Work Study Program: As part of the Tuition Waiver program, qualifying families are eligible to complete 1 hour of work for The FOA for \$10.00 toward their semester bill. For example, if a family's semester total is \$120.00, 12 hours of work study may be granted to alleviate tuition costs. In some cases, partial work study and partial scholarships may be granted.

If your family is unable or unwilling to participate in the Work Study program, please indicate your reasons in the space that follows.

Work Study Applicant Information

Name of the person(s) who will be working _____

Phone number(s) where we can reach you to make an appointment for a Work Study project:

() _____ - _____ () _____ - _____

1. Please do NOT call me (circle): a. during the day b. in the evening c. _____

2. I am interested in Work Study because: a. My child is taking classes b. I am taking classes

3. My child's or children's name(s) _____

4. I am available to do Work Study (check one): _____ **ANY TIME** or _____ see chart below

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<u>Mornings</u> (List specific times)						
<u>Afternoons</u> (List specific times)						
<u>Evenings</u> (List specific times)						

5. I prefer to take work home (please circle one) a. Yes b. No

6. I would be interested in working in the following areas (please circle all that apply)

Sewing	Painting	Ushering for Plays
Making Phone Calls	Folding Programs	Any Clerical work
Other _____		

7. Please do NOT ask me to do the following (please circle all that apply)

Sew	Paint	Usher for Plays
Make Phone Calls	Fold Programs	Any Clerical work
Work Alone	Work in/with Large Crowds	
Other _____		

8. When I work at The Foundation, I will be: (please check one)

_____ coming alone _____ bringing my small children with me

Student Information : Student # 1

Name _____ Date of Birth ____-____-____
Home Street Address _____
Mailing Address (if different) _____
City _____ Zip Code _____ Home Phone () ____-____
Gender ____ Grade ____ Age ____ School Name _____

Statement of Interest

Explain how or why this class is important to you and your child. **(Required)**

Statistical Information

As a non-profit organization, The Foundation of Arts is eligible to receive state and federal funding to help keep program costs as low as possible for you. To receive funding we must be able to document program participants. This information will be *confidential and used strictly for grant purposes*. These questions have no bearing on whether or not this application will be approved.

Ethnic Background _____
This applicant has a medical or physical disability. **Yes / No**
This applicant's family income is recognized by the government as "low." **Yes / No**
Has this applicant ever participated in an Arts Center class? **Yes / No**
Does this applicant have experience in the program(s) requested? **Yes / No**
If yes, please explain: _____

Other

List all activities (i.e. soccer, piano lessons, church youth group, etc.) that the applicant is currently involved in: _____

Specific Class(es) Requested _____ Day _____ Time ____:_____
in The Arts Center _____ Day _____ Time ____:_____

My signature certifies that all information in this application is true and accurate to the best of my knowledge. I understand that if this application is approved, regular class attendance and good behavior is necessary to maintain the tuition waiver and placement in the class. I also understand that a new application will be required for future semester enrollment, and that approval or denial of this application does not infer future approval or denial.

Parent/Guardian Signature _____ Date ____/____/____

Student Information : Student # 2

Name _____ Date of Birth ____-____-____

Home Street Address _____

Mailing Address (if different) _____

City _____ Zip Code _____ Home Phone () ____-_____

Gender ____ Grade ____ Age ____ School Name _____

Statement of Interest

Explain how or why this class is important to you and your child. **(Required)**

Statistical Information

As a non-profit organization, The Foundation of Arts is eligible to receive state and federal funding to help keep program costs as low as possible for you. To receive funding we must be able to document program participants. This information will be *confidential and used strictly for grant purposes*. These questions have no bearing on whether or not this application will be approved.

Ethnic Background _____

This applicant has a medical or physical disability. **Yes / No**

This applicant's family income is recognized by the government as "low." **Yes / No**

Has this applicant ever participated in an Arts Center class? **Yes / No**

Does this applicant have experience in the program(s) requested? **Yes / No**

If yes, please explain: _____

Other

List all activities (i.e. soccer, piano lessons, church youth group, etc.) that the applicant is currently involved in: _____

Specific Class(es) Requested _____ Day _____ Time ____:_____

in The Arts Center _____ Day _____ Time ____:_____

My signature certifies that all information in this application is true and accurate to the best of my knowledge. I understand that if this application is approved, regular class attendance and good behavior is necessary to maintain the tuition waiver and placement in the class. I also understand that a new application will be required for future semester enrollment, and that approval or denial of this application does not infer future approval or denial.

Parent/Guardian Signature

____/____/____
Date