



2015 ADULT SCHOLARSHIP APPLICATION FORM

The Arts Center of the Capital Region | 265 River Street | Troy, New York 12180 | (518) 273-0552 x 222

- Scholarships are considered on a rolling basis when funding is available.
- Scholarship funds are limited and depending on the source of the funds, may be available only for residents of certain cities or counties, types of students or selected classes.
- Incomplete applications will not be processed. Please read and fill out thoroughly.
- Scholarships are intended for students who will take full advantage of the program. Please do not apply unless you are available to attend every scheduled session. Students missing more than two sessions will forfeit their scholarship.

SCHOLARSHIP APPLICATIONS TAKE AT LEAST TWO WEEKS TO PROCESS. PLEASE BE TIMELY WITH YOUR REQUEST. THANK YOU.

Please fill out all sections of the application. Should you have any questions, please call Joseph at (518)273-0552 x 233.

PART I – CONTACT INFO (please print clearly)

Student's Name _____ Gender: M F

Student's D.O.B. _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Email _____

County of Residence: _____ Total Length of Time at This Address: _____

PART II – CLASS CHOICE

Please tell us your first and second choices. We will honor your choices whenever possible, but may offer alternatives.

Class(es) requested:

1. Class Title _____

Class Dates _____ Cost \$ _____ Amount you can pay: _____

2. Class Title _____

Class Dates _____ Cost \$ _____ Amount you can pay: _____

Scholarships can be full or partial depending on student need, funds available and the number of requests received. Students may be expected to pay the published material/studio fees.

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PART III – INCOME

Scholarships are intended for children and adults with a demonstrated financial need. While all applications will be considered, preference will be given to families falling within the annual income guidelines below:

Family Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person or more
Annual Income*	\$33,510	\$45,390	\$57,270	\$69,150	\$81,030	\$92,910	\$104,790	\$116,670

My household is located in the city of _____ in the county of _____.

My household consists of _____ members. My household’s total annual income is \$_____.

NOTE: A household consists of all people living in the household for more than a month at a time. Income includes earned wages, any form of government financial assistance, child support, alimony, retirement payments, income earned on investments, etc

*** Please attach one of the following:**

- A) A copy of your household’s most recent tax return

- B) Copies of the following documentation: the two most recent pay stubs from each of the wage earners in your household, the two most recent receipts for each type of government financial assistance received by each member of the household (if applicable), your two most recent child support or alimony checks received by each member of the household (if applicable), or any other relevant sources of income.

Part IV – Request

In the space below, please provide a brief statement explaining your need for assistance and what you will gain from participating in the program.

I hereby attest that the income and residence information listed above is true and complete.

Applicant’s Signature: _____

Printed Name: _____ Date: _____