



CONFIDENTIAL SCHOLARSHIP APPLICATION

If you or your family has unusual circumstances (such as loss of employment) that might affect need for student aid, submit this form and consult the Executive Director. This confidential form is used for the sole purpose of awarding scholarships to students in need of financial aid. No part of this form may be processed/disclosed to anyone other than the Executive Director, Education Coordinator, or the Financial Officer of the Art League.

ADULT APPLICANT OR PARENTS OF STUDENT PLEASE ANSWER THE QUESTIONS BELOW:

Student's Full Name: _____ Adult Child

Parents' Names (If student is child):

Mother: _____ Father: _____

Family's permanent address: _____

City: _____ State: _____ Zip: _____

Family's permanent phone number: Day: _____ Evening: _____

Driver's license number (Parent's if student is child): _____

Are you a U.S. Citizen? Yes No

State of your legal residence: _____ Do you own your own home or rent? _____

If student is a minor, is he/she an orphan, ward of the court (foster care, etc.)? _____

What was your and spouse's adjusted gross income for last year (on IRS Form 1040 – line 36; 1040A – line 21; 1040EZ – line 4; or Telefile – line 1)? _____

PLEASE PROVIDE A COPY OF THE ABOVE FORM WITH THIS APPLICATION.

Enter your and your spouse's exemptions. Exemptions are on IRS Form 1040 – line 6d, or on Form 1040A - line 6d. _____

Parent's Marital Status as of today? Married Single Divorced/Separated

How many people in your household? _____ Children's Ages: _____, _____, _____, _____, _____, _____, _____

Father's Social Security Number: _____ Name: _____

Mother's Social Security Number: _____ Name: _____

Adult Student's Social Security Number: _____

ADULT STUDENTS OR PARENTS PLEASE READ THIS ENTIRE FORM AND SIGN BELOW.

This information is true and correct to the best of my knowledge.

Signature of Parent or Adult Student

Date

Financial aid awards are calculated on the courses in which the students enroll and any costs of materials or equipment for those courses. Scholarship dollars are based upon a formula for financial assistance to enroll and complete courses/programs with the Center for the Arts.

CLASS NAME OR CODE	CLASS FEES	SCHOLARSHIP AMOUNT	APPLICANT'S PORTION	COMMENTS OTHER INFO

Total amount awarded: _____ Total amount of Applicant's portion: _____

Signature of Executive Director

Date



ERUDICION BECA APLICACION CONFIDENCIAL

Si usted o su familia ha tenido situaciones inusuales (como perdida de empleo) que pueda general necesidad de ayuda financiera, someta esta forma a consulta con el director ejecutivo. Esta forma es confidencial y usada con el solo proposito de ayudar a estudiantes con necsidades financieras. Ninguna otra persona ademas del director ejetivo, coordinador de educacion o oficial financiero de la Liga del Arte en Bonita Springs, tienden acceso a esta aplicacion.

ADULTO ESTUDIANTE O PADRES:

Estudiante nombre completo _____ Adulto ___ Nino _____

Nombre de los padres (Si estudiante es nino):

Madre: _____ Padre: _____

Direccion permanente de familia: _____

Ciudad _____ Estado _____ Zip _____

Numero de telefono: Dia _____ Noche _____

Numero de Licencia de Conduccion: (Padres si estudiante es nino): _____

Es usted ciudadano de Estados Unidos? Si _____ No _____

Estados legal en esta pais _____ Es usted dueño de casa o renta? _____

Si estudiante es nino, esta elle in un orfanoto, casa refugio, etc ? _____

Cual fue su total entroda economica junto (esposo y esposa) el pasado ano? Estas infommacion son en Servicios de impuestos internos Forma 1040- linea 36; Forma 1040A – linea 21; Forma 1040EZ – linea 4; o en Telefile – linea 1. _____

Entre excepciones para usted y su conyuge. Estas excepciones son en Forma 1040 – linea 6D y en Forma 1040A – linea 6D. _____

Estado civil de los padres? Casados ___ Solteros ___ Diverciados/separados ___

Numero de personas in el hogar: _____

Numero del seguro social del padre: _____

Numero del seguro social de la madre: _____

Numero del segura social del esudiante adulto: _____

ESTUDIANTE ADULTO O PADRES POR FAVOR LEAN LA FORMACOMPLETA Y FIRMEN EBAJO:

Esta informacion es verdadera y correcta por el mayor de mis esnocimientos.

Firma del Padre o Estudiante Adulto

Fecha

La ayuda financiera asignado es calculada en el transcurso del proceso de enrolamiento y depende del costo de materials y terrameintas para estos cursos.

(POR USAR DE OFICINA)

CLASS NAME OR CODE	CLASS FEES	SCHOLARSHIP AMOUNT	APPLICANT'S PORTION	COMMENTS OTHER INFO

Total amount awarded: _____ Total amount of Applicant's portion: _____

Firma del Director Ejetivo

Fecha