

# Scholarship & Discount Application

CONFIDENTIAL

If you or your family has unusual circumstances (i.e. loss of employment) that might affect need for student aid, submit this form and consult the Centers' President. 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 Centers' President, Education Director or Financial Officer.

**PARENTS OR GUARDIAN OF STUDENT, PLEASE ANSWER THE QUESTIONS BELOW:**

Student's Full Name \_\_\_\_\_  Adult  Child

Guardian's Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
(If student is a Child)

Family's permanent address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Family's Permanent Phone No. Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Driver's License No. \_\_\_\_\_  
(If student is a Child, provide Guardian's)

Are you a U.S. Citizen?  Yes  No. State of legal residence \_\_\_\_\_. Do you  OWN *or*  RENT your home?

If the 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? \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR IRS FORM 1040 WITH THIS APPLICATION.**

Enter your tax exemptions. Exemptions are on IRS Form 1040 \_\_\_\_\_

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

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

Mother's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Father's Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Adult Student's Social Security No \_\_\_\_\_  
(If applicable)

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

Signature of Guardian or Adult Student \_\_\_\_\_ Date \_\_\_\_\_

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

Class Title	Class Code	Price	Scholarship Amount	Applicant's Portion

Total amount awarded: \$ \_\_\_\_\_ Total amount of Applicant's portion: \$ \_\_\_\_\_

Signature of President \_\_\_\_\_ Date \_\_\_\_\_

**Email this application and a copy of your IRS 1040 form to [controller@artsbonita.org](mailto:controller@artsbonita.org) or return to either CFABS locations:**  
Performing Arts Center, 10150 Bonita Beach Rd, Bonita Springs, FL 34135—**OR**—Visual Arts Center, 26100 Old 41 Rd, Bonita Springs, FL 34135.  
If you have any questions, please call 239-495-8989.