

FINANCIAL AID APPLICATION



All information is strictly confidential

We will not process any Financial Aid applications that do not have proof of income + expenses.

PLEASE PRINT CLEARLY

A

Client / Parent / Guardian First Name				Client / Parent / Guardian Last Name			
Address / Apt #			City			Zip Code	
Email				Cell Phone () -		Home Phone () -	

DEPENDENTS

Student + Dependent must align

1

Student First Name			Student Last Name		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

2

Student First Name			Student Last Name		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

3

Student First Name			Student Last Name		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

4

Student First Name			Student Last Name		
CLASS ENROLLMENT	Class Code	Class Code	Class Code	Class Code	Class Code

ANNUAL INCOME & EXPENSES

B

Annual Income \$ _____	Does your child qualify for free or reduced lunch at school? <input type="checkbox"/> YES <input type="checkbox"/> NO
Monthly Rent \$ _____	Mark all that apply regarding any additional assistance you receive:
Monthly Expenses \$ _____	<input type="checkbox"/> Supplemental Assistance Nutrition Program (CALFRESH) \$ _____
	<input type="checkbox"/> Low Income Housing Program (Section-A housing) \$ _____
	<input type="checkbox"/> Medical Program (Medicare / Medical) \$ _____
	<input type="checkbox"/> Other Programs _____ \$ _____ _____ \$ _____

C Briefly please explain your family's economic circumstances and why financial aid is needed.

D **TERMS & AGREEMENTS**

The School of Arts and Culture is proud to be working with you to provide a quality learning experience that will support your child(ren)'s growth and development. The following requirements must be met in order for you family to receive financial aid. Please read and initial the statements below:

- _____ Proof of Annual Income must be submitted within 10 days of application.
- _____ Student(s) must attend all scheduled classes.
- _____ The person signing this application must commit to the appropriate number of volunteer hours as shown below:
 - 5 hours of volunteer work for 75% towards financial aid
 - 3 hours of volunteer work for 50% towards financial aid
 - 2 hours of volunteer work for 25% towards financial aid

- _____ The amount determined as the cost per class (after the approved financial aid has been applied) must be paid in full before the last day of class.
- _____ Account is in Good Standing.

IMPORTANT - If a child receiving financial aid misses more than 2 classes without a reasonable explanation, the financial aid will be rescinded and the full amount per registered class will be due immediately. Volunteer hours are required and will be scheduled by the school's directorship.

STUDENT/ PARENT / GUARDIAN SIGNATURE
(student signature if over 18 years of age)

DATE

Financial Aid Review - For Office Use Only

Application Received On <div style="text-align: center; font-size: 2em;">/ /</div>	Documents Received: <input type="checkbox"/> Proof of Annual Income <input type="checkbox"/> Other _____
Financial Aid Approved % <div style="text-align: center; font-size: 2em;">%</div>	Notes <div style="display: flex; justify-content: space-between; margin-top: 20px;"> _____ SOAC STAFF SIGNATURE _____ DATE </div>
Volunteer Hours Required <div style="text-align: center; font-size: 2em;">hr(s)</div>	