



New Art Center

Application for Financial Assistance for Year July 1, 2015 – June 30, 2016

In order to consider this application, all sections must be completed. If a line or section is not applicable, please write n/a or 0. All of the information included on this application and all forms submitted will be treated in the strictest confidence.

Keep a copy of this completed application for your records

Please make sure you include the following documents with this application:

- Copy of your most recent Federal Tax Return

Student Information:

Are you applying for the first time: Yes No

If no, when did you last apply?

Which session are you applying for? (Please circle one): Fall Winter Spring Summer

Which course are you applying for?

Course Name: _____ Course #: _____

Applicant Name: _____ Student Name (if different): _____

Relationship to student (if different from applicant): _____

Address: _____

City/State/Zip: _____

Home Telephone #: _____ Cell

Phone: _____

Email Address: _____

If applying on behalf of a child, please complete this section (if not, skip to “Art Courses”)

Art Courses:

Please indicate the type of courses you would be interested in:

Ceramics	<input type="radio"/>	Painting	<input type="radio"/>	Sculpture	<input type="radio"/>
Critique	<input type="radio"/>	Photography	<input type="radio"/>	Sewing	<input type="radio"/>
Drawing	<input type="radio"/>	Print Making	<input type="radio"/>	Woodworking	<input type="radio"/>

Other (please specify): _____

Scholarships are awarded based on financial need. Please complete the following information:

Financial Information:

Occupation of Applicant: _____

Employer: _____

Total Household Income: (check one)

- Under \$8,000 per year
- \$8,000 - \$11,999 per year
- \$12,000 – 14,999 per year
- \$15,000 - \$19,999 per year
- \$20,000 – \$24,999 per year
- \$25,000 - \$29,000 per year
- Over \$30,000 per year (please specify the exact amount) _____

Total number of members in household: (including yourself, parent(s), children, and other dependents) _____

Do you receive:

Section 8 Yes No

WIC Yes No

Food Stamps Yes No

Medicaid Yes No

Are there any special circumstances we should consider in processing your application? -

Taxable Income

	Estimate	Actual
1. Total number of exemptions claimed on Federal Income Tax form	\$ _____	\$ _____
2. Parent/Guardian's total taxable income from W-2 wages (list total income for primary applicant only, if divorced, separated or single)	\$ _____	\$ _____
3. Other parent/guardian total taxable income from W-2 wages if divorced or separated.	\$ _____	\$ _____
4. Net business income from self-employment, rentals, and other business	\$ _____	\$ _____
5. Other non-work taxable income from interest, dividends, alimony, unemployment, and non business income.	\$ _____	\$ _____
6. Total "Adjusted Gross Income" as reported on your IRS 1040,		
7. 1040A or 1040EZ	\$ _____	\$ _____

Non-Taxable Income

List the total amount received from 1/1/14 to 12/31/14 for recipients in the household

- 1. Child support \$_____ per year
2. Social Security income (Provide documents for all recipients in household) \$_____ per year
3. Housing Assistance (Sec. 8, HUD, etc) \$_____ per year
4. Other non-taxable income (Worker's Comp., Disability, Pension/Retirement, etc.)
Identify Sources: _____ \$_____ per year
_____ \$ _____ per year
5. Loans/Gifts from friends or relatives \$_____ per year
6. Total non-taxable income for 2014 \$_____ per year

Housing

- 1. Do you rent or own your residence? Rent O Own O
2. In renting, what is the monthly rental payment? \$_____
a. Amount paid by household \$_____ per month
b. Amount paid by other source(s) \$_____ per month
3. If you own your residence:
a. What is the monthly mortgage payment? \$_____ per month
b. Year the home was purchased? _____

Other Information

Check all that apply to your current situation and provide explanation below:

- a. Loss of job _____ h. Illness or injury _____
b. Recent separation/divorce _____ i. Recent death in the family _____
c. Change in family living status _____ j. Shared custody _____
d. Change in work status _____ k. High debt _____
l. Child support reduction _____
e. Bankruptcy _____ m. Medical/dental expenses _____
f. College expenses _____ n. Shared tuition _____
g. Income reduction _____ o. Other (Explain) _____

Explanation of any of the above:

Requested Assistance

Total Amount of tuition charged (including material fee if applicable) \$_____
Amount of assistance requested \$_____
Amount of tuition that you feel you are able to pay for course \$_____

Your signature (This form cannot be processed without your signature)
I certify that the information herein to be factual and correct at the time of this application

Signature

Date

Please describe your interest in taking art classes and/or your art background experience, if any:

Questions about scholarships?

Contact Marte Humbert at 617-964-3424

or marte@newartcenter.org

Applicant/Guardian Signature

This application must be signed by the applicant or guardian (if applying on behalf of someone else). The application will not be processed without it.

I understand the terms of this scholarship application.

Name: _____ Date: _____

Scholarships must be submitted before each class session. Scholarships are not automatically renewed or transferable from session to session.

For Office Use

Student Name: _____

Date Rcd: ____ Ltr Sent: ____ Conf: ____

Session: ____ Day of Class: _____

Course #: _____

Course Name: _____