

HydePark **ARTCENTER** FINANCIAL AID APPLICATION

Hyde Park Art Center offers need-based financial aid to qualified students and families. Financial aid is limited and awarded on a first-come, first-served basis. Early submission is highly encouraged. Applications must be received by the early registration deadline to be considered for a full-tuition award. To apply, complete the form in full and return it to Eileen Truong, Registrar, at the front desk or by e-mail at etruong@hydeparkart.org. Each student requesting aid must submit a separate form. Financial aid recipients must reapply each session for continued assistance and must complete the entire 10-week session to be eligible for future awards. Please contact etruong@hydeparkart.org or 773-324-5520 ext. 1016 with any questions.

Date of Application: _____

CONTACT INFORMATION

Adult Responsible for this Application _____

Phone Number _____ Email _____

Home Address _____ Zip Code _____

PLEASE HELP US BETTER REPORT TO OUR FUNDERS BY ANSWERING A FEW QUESTIONS:

How did you hear about us?

Art Center website Internet search Facebook/Twitter CTA Art Center Newsletter local flyer BronzeComm
 Kenwood Academy Shoesmith NKO Kenwood Academic Murray Canter
 Other (please tell us!) _____

Ethnicity: African-American/Black Asian Caucasian/White Latin American/Hispanic Other _____

STUDENT INFORMATION

Student Name _____ Age (if under 18) _____

What school does the student attend (if applicable)? _____

What course(s) does the student want to take? _____

Which quarter will the student enroll in the course(s)? Winter (January-March) Spring (March-June)
 Summer (June-August) Camp (Summer) Fall (September-December)

What do you hope the student will gain from attending courses at the Hyde Park Art Center?

FINANCIAL INFORMATION

Because we want to be as accessible as possible, we do not require any documentation proving a certain level of income to determine eligibility. Instead we operate on a system of trust, asking you to evaluate your or your child's own financial situation and ability to pay tuition. Please note that while most scholarships are half-tuition, there are a limited number of full-tuition scholarships available.

I certify that I cannot afford art classes without financial assistance.

Has the student received financial aid before at HPAC? If so, state quarter and year: _____

How much are you able to pay towards the cost of the course? _____

Which level of assistance are you requesting? Half tuition Full tuition

If no full-tuition awards are available, would you still like to be considered for a half tuition award? Yes No N/A

*REQUIRED FOR FULL-TUITION APPLICANTS: Please write briefly about how a scholarship would make Art Center classes more accessible to you. How will a scholarship help you to have a positive experience at the Art Center?

How many individuals live in your household?

How many children (under 18) does the household income support?

For members of the household who are employed, please indicate their names, places of employment, and relationship to the applicant below:

Name _____ Employer _____

Position _____ Full Time or Part Time _____

Relationship to Student(s) _____

Name _____ Employer _____

Position _____ Full Time or Part Time _____

Relationship to Student(s) _____

Name _____ Employer _____

Position _____ Full Time or Part Time _____

Relationship to Student(s) _____

Total Annual Income (Optional, this information is used to help us better report to our funders): _____

If there are any extenuating circumstances or expenses that affect your financial situation that you think we should know about, please explain.

While not necessary, what services/volunteer work could you contribute to the Art Center in exchange for tuition credit (helping with mailings, volunteering with exhibition receptions, organizing the studio spaces/supply areas, etc.)?

REFERENCE

List one person outside of the household who knows the student(s) well (some suggestions include teachers, ministers, employers, and social workers).

Name _____ Phone _____

Relationship to student _____

AUTHORIZATION

I hereby state that all information included here is true and accurate. The information included in this application will only be used by the Hyde Park Art Center to determine financial need. The information will remain confidential.

Signature _____ Date _____

Office use only Date Received _____ Accepted Declined Date of Decision _____ Scholarship Type Awarded _____