

Scholarship Application

Center for Community Arts and Community Arts Foundation



Please return this completed application to the **Shadelands Art Center** at your earliest convenience in order to apply for a scholarship. **Please submit separate applications for each family member to be considered for a scholarship.** Awards are limited to one scholarship per applicant per quarter, and may vary from quarter to quarter, based on availability of funds. All applicant information will be kept confidential. Upon submission, a Community Arts staff member will contact you about scholarship awards.

Household Size	Annual Maximum Income	Household Size	Annual Maximum Income
1	\$56,300	5	\$86,850
2	\$64,350	6	\$93,300
3	\$72,400	7	\$99,700
4	\$80,400	8	\$106,150

Required: Proof of Income (Only one is necessary)

(Please cross out all Social Security & tax ID numbers before submitting)

- Copy of most recent Federal Income Tax Return (Form 10410/1040EZ/1040NR)
- Copy of most recent Supplemental Security Income (Only for those who do not file Federal Income Tax)
- Copy of free and reduced school lunch form

If you are applying for yourself or someone over 18 years of age, please fill out the left column.

If you are applying for someone under 18 years of age, please fill out the right column.

ADULT APPLICANT (18-64 years / Over 65 years)	CHILD APPLICANT (Under 18 years of age)
Full Name:	Full Name:
Home Phone: Cell Phone:	Date of Birth:
Street Address (with City/Zip Code):	Parent/Guardian #1 Info Full Name:
Email:	Street Address (with City/Zip Code):
Male/Female:	Home Phone: Cell Phone:
Date of Birth:	Email:
Please select one: <input type="checkbox"/> Adult (18-64) <input type="checkbox"/> Senior (65 or older)	Parent/Guardian #2 Info Full Name:
	Street Address (with City/Zip Code):
	Home Phone: Cell Phone:
	Email:

Annual family income (Adjusted gross income for most recent year)*: \$ _____

Number of children under 18 living in the home*: _____

Number of adults living in the home*: _____

Has the applicant previously received a scholarship for Community Arts classes?

No ___ Yes ___

If yes, list year/session of last scholarship: _____

Does the applicant currently live in an affordable housing unit?

No ___ Yes ___

I am requesting a scholarship for:	Name of Class/Program	Course Number	Cost of Class
Winter Quarter 2017			N/A
Spring Quarter 2018			N/A
Summer Quarter 2018			N/A
2017 – 2018 Full Year Class			N/A
Community Arts Preschool <input type="checkbox"/> Civic Park <input type="checkbox"/> Shadelands <input type="checkbox"/> Heather Farm	<input type="checkbox"/> Twos <input type="checkbox"/> Threes <input type="checkbox"/> Fours <input type="checkbox"/> Mixed-Age	<input type="checkbox"/> AM Session <input type="checkbox"/> PM Session	N/A
Private Music Lessons	Name of teacher and instrument:	Number of Lessons	Cost per Lesson

**Briefly share with us how the arts impact (or would impact) the applicant's life.
If there is anything else we should know about the applicant, you may also share this here.**

Grants from other foundations that help fund our scholarship programs ask for information concerning the ethnic/cultural makeup of our scholarship recipients.

Your willingness to supply this information helps us obtain funds successfully.

- | | |
|--|--|
| <input type="checkbox"/> More than one ethnicity | <input type="checkbox"/> Asian or Asian American |
| <input type="checkbox"/> Hispanic or Latino(a) | <input type="checkbox"/> White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African-American |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Other (Please list): |

Can we contact you in the future to learn more about how engaging with the arts at Center for Community Arts has impacted your life and to learn more about your scholarship experience?

- Yes No

1. I, the undersigned, certify that the information contained in this application is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility to receive a scholarship from the Center for Community Arts and the Friends Foundation and that any misstatement, fraudulently or negligently made in this or in any other statement made by me may result in the denial of my eligibility to receive a scholarship.
2. I grant the Center for Community Arts and the Friends Foundation the right to use photographs and/or names of the scholarship recipient in presentations, advertising, publicity and promotions.

Parent signature required if applicant is under age 18.

SIGNATURE: _____ **DATE:** _____

MAIL, FAX, OR EMAIL COMPLETED APPLICATION AND PROOF OF INCOME TO:

Center for Community Arts
(Shadelands Art Center)
111 North Wiget Lane
Walnut Creek, CA 94598

EMAIL: financialaid@communityarts.org

PHONE: (925) 943-5846

FAX: (925) 988-9907