

Financial Aid Application

FINANCIAL AID AWARDS ARE NEED-BASED SCHOLARSHIPS, MADE POSSIBLE BY GENEROUS DONATIONS FROM THE ACA VOLUNTEER LEAGUE, GALLERY PATRONS, ACA MEMBERS, AND INDIVIDUAL SUPPORTERS OF ART EDUCATION.

All participants, even those receiving full scholarships, are required to hold their place with a non-refundable \$20 deposit.

Adult family members willing to volunteer for a full session automatically receive 1/2 off one enrollment fee, based on availability. Are you interested in volunteering? YES NO

Parent/Guardian Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Office: _____

Email: _____ ACA Member? YES NO

School: _____

Reason for scholarship (check all that apply)

Multiple Dependents Attending Attending Multiple Classes Financial Need

Other _____

How many children are you planning to send to camp? _____

For how many children are you requesting scholarship(s)? _____

Are you requesting partial or full assistance? _____

If partial, how much are you requesting? _____

Sessions (Check all that apply)	Date	Tuition ACA/NonMember
<input type="checkbox"/> Session 1	June 7 - 10 9 - 2	\$90/\$100
<input type="checkbox"/> Session 2	June 14 - 17 9 - 2	\$90/\$100
<input type="checkbox"/> Session 3	June 21 - 24 9 - 2	\$90/\$100
<input type="checkbox"/> Session 4	June 28-July 1 9 - 2	\$90/\$100
<input type="checkbox"/> Session 5	July 12 - 15 9 - 2	\$90/\$100
<input type="checkbox"/> Session 6	July 19 - 22 9 - 2	\$90/\$100
<input type="checkbox"/> Session 7	July 26 - 29 9 - 2	\$90/\$100
<input type="checkbox"/> Session 8	August 2 - 5 9 - 2	\$90/\$100
<input type="checkbox"/> Session 9	August 9 - 12 9 - 2	\$90/\$100

Scholarship requests are for internal ACA use only and are held in the strictest confidence. You will be contacted by email or phone with confirmation of your scholarship status.

ACA OFFICE USE FULL _____ PARTIAL _____ AMOUNT _____ NOTIFIED? _____
BY _____ DATE _____ DEPOSIT RECEIVED? _____