

ATLANTIC CENTER FOR THE ARTS
 Residency Financial Aid Application

TO APPLY FOR FINANCIAL AID:

1. Complete the form below.
2. For Associates in the United States, please provide ACA with a copy of your most recent tax return (IRS Form 1040).
3. For Associates outside the United States, provide a copy of your most recent annual tax filing with your government. Please contact Kevin Miller at kmiller@atlanticcenterforthearts.org if you have any questions.
4. Email or mail this completed form and a copy of your most recent tax return to Kevin Miller (*Director of Finance & Accounting*) kmiller@atlanticcenterforthearts.org. Kevin is the primary financial aid contact.

Your application is incomplete without carefully completing all of the steps above.

PERSONAL INFORMATION:

Full Name: (please print) _____

Permanent Mailing Address: _____

Email address: _____

Primary Telephone: _____ Secondary Telephone: _____

Date of Birth: _____

Sample

FINANCIAL AID REQUESTED:

TOTAL AID REQUESTED: \$ _____ (\$800 limit per artist)

RESIDENCY INFORMATION:

Master Artist: _____

EXPENSES:

How much rent or mortgage do you pay monthly (home and/or studio)? \$ _____

What are your annual personal living expenses (excluding housing)? \$ _____

What are your annual professional expenses (excluding studio rent)? \$ _____

INCOME:

Please enclose a copy of the most recent year's IRS Form 1040 (your tax return), to ensure that your application is complete. Without this information, your application will not be reviewed.

Annual income from art, publication, or commission related sales for the last three years per year: _____

Current annual income from ALL sources:

Source: _____

Amount: _____

Sample

Total: _____

What is your annual combined household income? _____

STATEMENT OF EQUALITY:

You may be assured that all information provided will be held in strictest confidence. Atlantic Center for the Arts does not discriminate on the basis of age, gender, race, color, sexual orientation, national origin or means.

Financial Aid will be determined upon your acceptance into a residency. Award decisions will be made according to financial need and available funds. You will be contacted within 4 weeks prior to the residency, or as soon as funding becomes available. For assistance, please email Kevin Miller, kmiller@atlanticcenterforthearts.org or call (386) 427-6975 x14.

I AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature _____

Date _____

Please mail this form with all required application materials to:

Kevin Miller
Atlantic Center for the Arts
1414 Art Center Avenue
New Smyrna Beach, Florida 32168

Or you may email scanned versions of your materilas to kmiller@atlanticcenterforthearts.org