

ARTS IN ACTION Tuition Assistance Scholarship Visual Art Program Application Form

Application Fee: \$30. per application per semester.

PART 1: DEPENDENTS: List all Children, use separate sheet if necessary.

LAST NAME	FIRST NAME	SCHOOL	GRADE	ATTENDING AIA (Y/N)

PART 2: FOSTER CHILDREN: List all Children, use separate sheet if necessary.

LAST NAME	FIRST NAME	SCHOOL	GRADE	ATTENDING AIA (Y/N)

PART 3: NYS BENEFITS: List any Supplemental Nutritional Assistance Program (SNAP), Aid to Dependent Children (ADC) or Temporary Assistance to Needy Families (TANF), Home Energy Assistance Program (HEAP), Utility Assistance Program (UAP) or any other Assistance Program

BENEFIT TYPE	NUMBER (Please attach documentation)

PART 4: HOUSEHOLD MEMBERS AND GROSS INCOME (FOR ALL AMOUNTS, PLEASE ENTER: WEEKLY, MONTHLY & YEARLY)
Please Attach verification of all income sources including pay-stubs.

FULL NAME	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT, ALIMONY	PAYMENTS FROM PENSION OR RETIREMENT	OTHER INCOME (FREELANCE/ CASH/ETC)
	Weekly: _____ Monthly: _____ Yearly: _____			
	Weekly: _____ Monthly: _____ Yearly: _____			

PART 5: HOUSEHOLD EXPENSES: Please itemize & write each household expense, include the monthly amount **and provide supportive documentation** :

- Housing (Rent / Mortgage / Property Tax)
- Transportation (MetroCard / Automobile / Gasoline)
- Food (Groceries / School Lunches)
- Utilities (Electricity / Telephone / Cable)
- Insurance (Auto / Medical / Life / Renters)
- Healthcare (Medications / Dental / etc)
- Childcare (Sitter / After-school Programs)
- Installments / Miscellaneous (Clothing/ Other)

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PART 6: NAME: _____ SOCIAL SECURITY #:(last 4 digits) ____ _

MAILING ADDRESS: _____

HOME PHONE: _____ WORK: _____ CELL: _____

PART 7: AIAVAP requires all families applying for tuition assistance to write us a brief letter telling us why you are asking for financial assistance for your child to attend our program. Answer all questions below, and write as much as you feel necessary to convey your answers.

What are your reasons for applying for tuition assistance for your child to attend AIAVAP?

How do you feel your child will benefit from fine art classes at AIAVAP?

I (print full name) _____ agree that if my child is awarded a tuition assistance scholarship from AIAVAP, AIAVAP can discontinue my child's participation in their classes if s/he is absent more than 2 classes per semester without reimbursement of any balance or payments. I decree that all information submitted in this letter is true, and I am aware and ready to submit any additional documentation of proof of my expenses that the AIAVAP Board of Directors may request.

SIGNATURE _____ DATE _____

PRINT Full Name _____

A complete Tuition Assistance Scholarship Application, must include verification of all household income, earnings & expenses including all bills, pay-stubs, and receipts/proofs of payments.

Your application will be reviewed with the same criteria as Department of Education of The City of New York National School Food Programs . Income Eligibility Guidelines are available at www.schoolfoodnyc.org