

# SPRING 2019 ADULT ACCESS ART APPLICATION

Generous donors who allocate a limited amount of funds each semester to make art more accessible to members of our community make the Indianapolis Art Center's Access Art Program possible. These funds allow the Indianapolis Art Center to provide full to partial tuition assistance for eligible students.

APPLICATION DEADLINES	
Class Sessions	Due Date
1st session: Classes beginning between January 14 - February 25	Wednesday, January 2, 2019
2nd session: Classes beginning between March 11 - April 22	Monday, February 25, 2019

Please note: Applicants are eligible for only one scholarship per semester.

## 1) Applicant Information

Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender  M / F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Email \_\_\_\_\_ Has the applicant received a scholarship from us before? Yes  No

## 2) Statement of Intent

Please take a moment to explain any circumstances bearing on your financial need; also, please tell us why you are interested in taking an art class at the Indianapolis Art Center.

**Please Note: This section will not substitute the required recommendation letter.**

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For office use only.

DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

OVER →

### 3) Recommendation Letter

We require each applicant to submit a letter of support written by a teacher, counselor, mentor, friend, or even a family member. This letter should explain why you deserve tuition assistance, and it may speak to your talents, ambitions, or other information you would like us to consider.

### 4) Class Preference

Please list the full title and course number of the class you would like to participate in (you must list 3 different choices).

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

### 5) Financial Information

Please fill out the following information to help us better understand your household's financial situation. If an item does not apply to you, please indicate "N/A" - **do not leave spaces blank.**

A. Total # Adults in Household \_\_\_\_\_

B. Total # Children (Under 18) in Household \_\_\_\_\_

C. Annual Household Income Earned Before Taxes \_\_\_\_\_ \$ \_\_\_\_\_  
(must provide supporting documentation)

D. Other Annual Income (if not included in above)

- Disability or SSI \_\_\_\_\_ \$ \_\_\_\_\_
- Other Public Assistance \_\_\_\_\_ \$ \_\_\_\_\_
- Child Support and/or Alimony \_\_\_\_\_ \$ \_\_\_\_\_
- Other, please specify: \_\_\_\_\_ \$ \_\_\_\_\_

E. Specific Annual Costs (this does **not** include basic costs such as rent, food, etc.)

- Unusual Medical Expenses \_\_\_\_\_ \$ \_\_\_\_\_
- Other Medical Expenses \_\_\_\_\_ \$ \_\_\_\_\_
- Child Care Costs \_\_\_\_\_ \$ \_\_\_\_\_
- Tuition/Educational Expenses \_\_\_\_\_ \$ \_\_\_\_\_
- Other Unique Expenses \_\_\_\_\_ \$ \_\_\_\_\_

**Please reference the flowchart on the next page to determine the financial documentation you need to provide.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

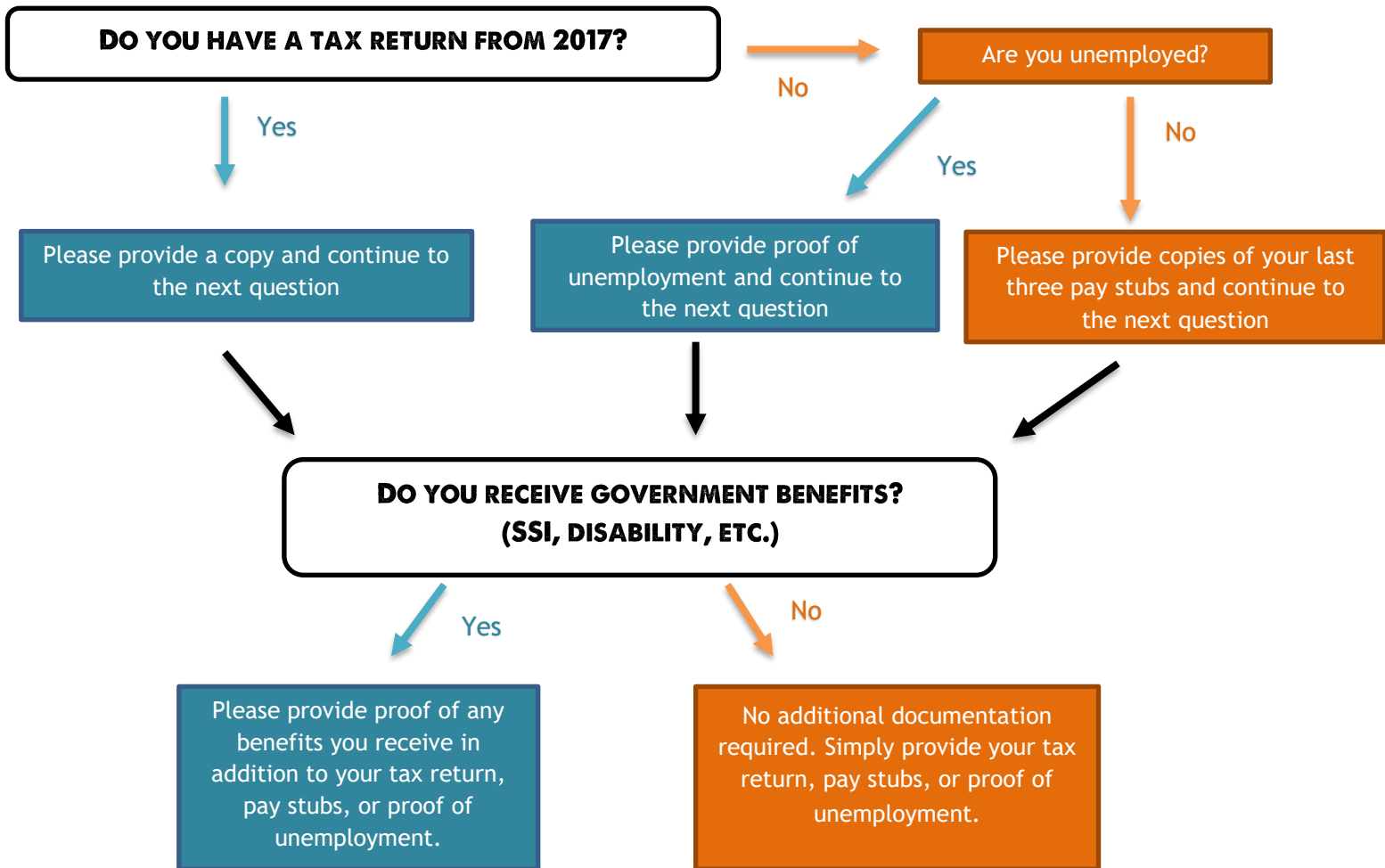
Thank you very much for your interest in Indianapolis Art Center programs!

If you have any questions about this application, or the Access Art Program, please contact Alyson Walbridge by email at [awalbridge@indplsartcenter.org](mailto:awalbridge@indplsartcenter.org) or by phone at 317-255-2464 x 2660

**\*We will contact you no later than two weeks after the application deadline\***

**\*Incomplete applications and applications submitted after the due date will not be eligible for consideration\***

# FINANCIAL DOCUMENTATION FLOWCHART



**Wait!** Is your application complete?

Please use the checklist below to ensure you have fully completed the application.

Complete Application Checklist	
	Recommendation Letter
	Proof of Income (tax return, pay stubs, proof of unemployment and/or proof of benefits).
	Sections 1, 2, 3, 4 and 5 of this application complete.