

# SUMMER CAMP 2019 YOUTH/TEEN 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 Camps beginning between June 10 - June 24	<b>Monday, April 29, 2019</b>
2nd session Camps beginning between July 8 - July 22	<b>Monday, June 17, 2019</b>

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

## 1) Applicant Information

Child Name \_\_\_\_\_ Child Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Gender \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

## 2) Letter of Intent

Please take a moment to tell us why you are interested in taking an art class at the Indianapolis Art Center.  
(Parents of young children, please tell us why your child wants to take an art class.)

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*For office use only.*  
DATE RECEIVED: \_\_\_\_\_ BY: \_\_\_\_\_

**OVER →**

### 3) 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 \$ \_\_\_\_\_

D. Is the applicant eligible for free/reduced lunch at school?

Yes

Please ask your school's administrative office to provide supporting documentation.

No

Please provide your most recent tax return, copies of your last three paystubs, or proof of unemployment, SSI, or disability.

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

### 4) Class Preference

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

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

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

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

**Does the applicant participate in any of the following programs at the Indianapolis Art Center?**

ArtReach

SMART

Teen Art Council

Applicant/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

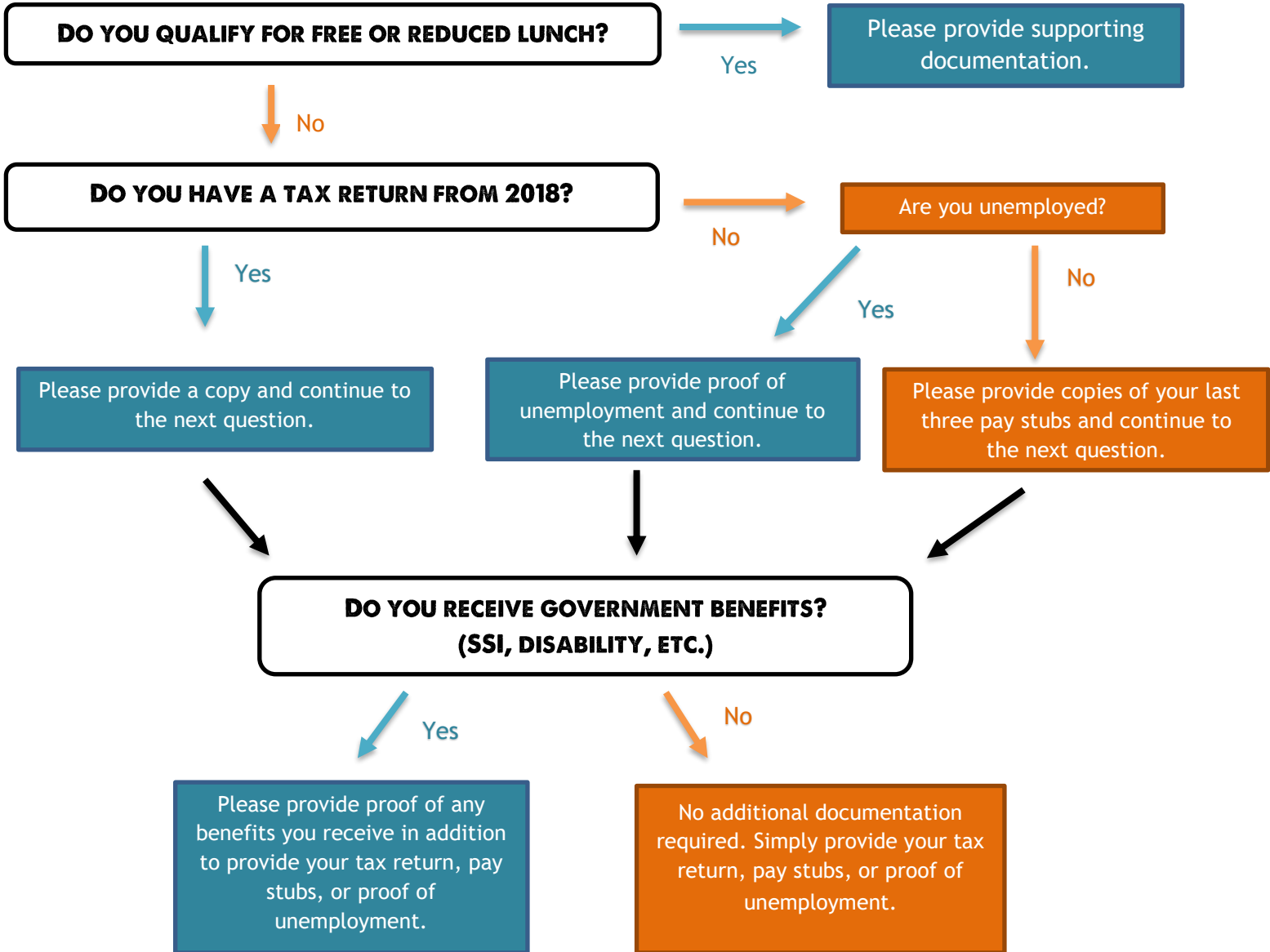
Thank you very much for your interest in Indianapolis Art Center programs!

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	
	Proof of Free/Reduced Lunch OR Tax Return/Proof of unemployment, SSI, or disability.
	Sections 1, 2, 3, and 4 of this application complete.