

Summer Camp 2020

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 8 - June 22	Monday, April 27, 2020
2nd session Camps beginning between July 6 - July 20	Monday, June 15, 2020

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.)

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).

1st Choice _____

2nd Choice _____

3rd Choice _____

<p>Does the applicant participate in any of the following programs at the Indianapolis Art Center?</p> <p><input type="checkbox"/> ArtReach</p> <p><input type="checkbox"/> SMART</p> <p><input type="checkbox"/> Teen Art Council</p>

Applicant/Guardian Signature _____ Date _____

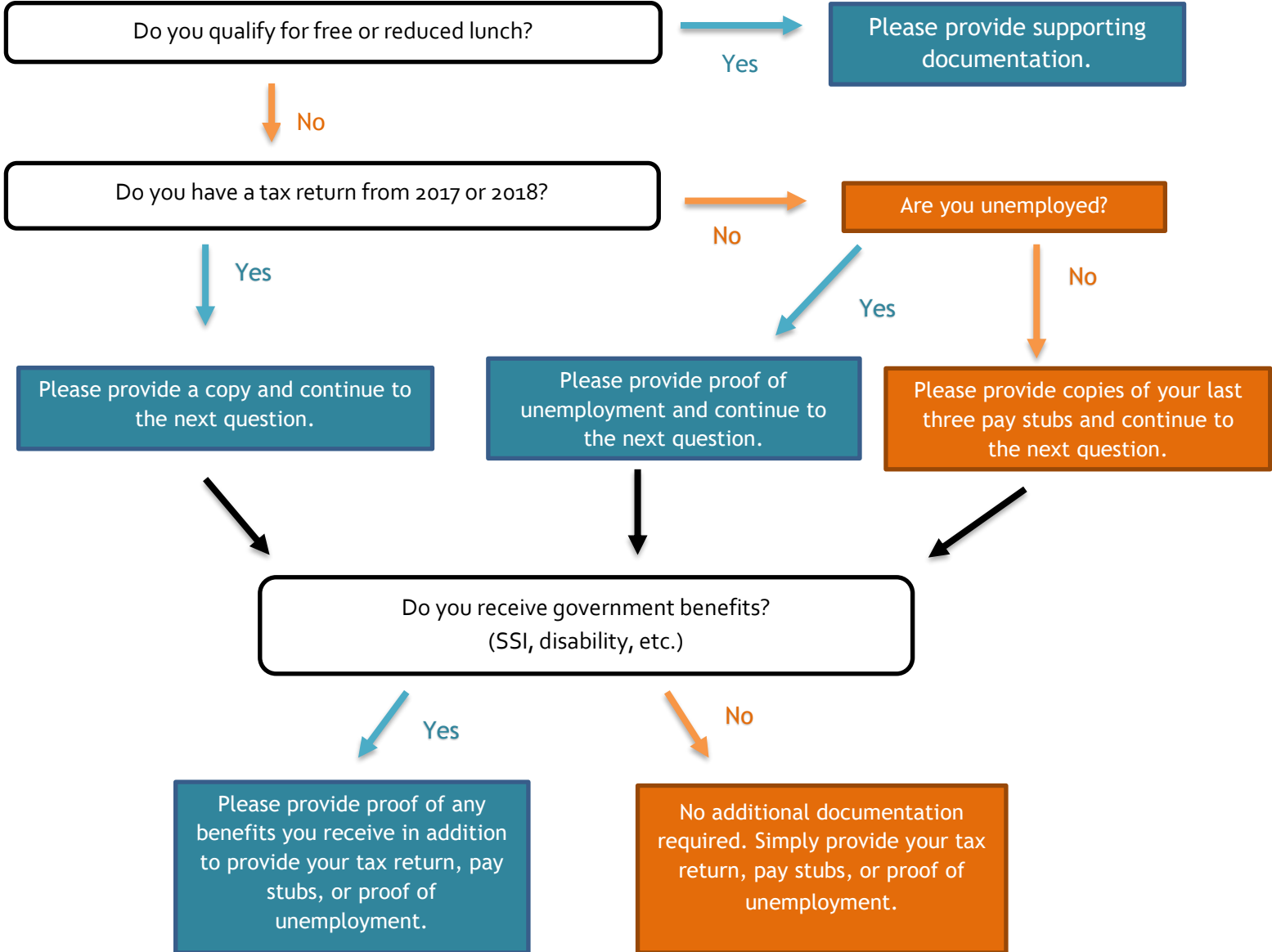
Thank you very much for your interest in Indianapolis Art Center programs!

If you have any questions about this application, or the Access Art Program, please contact Alyson Walbridge by email at awalbridge@indplsartcenter.org 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.