

Wingspan Arts
Scholarship & Financial Aid Request Form
2015



Part One: Student/Family Information:

Please tell us about the student(s) for whom you're applying for a scholarship:

Child(ren)'s Full Name(s): _____

School: _____ Grade: _____ Classroom: _____ Birthday: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Does your child receive free or reduced-price lunch?: Yes No I don't know

Please tell us about your household:

Parent/Guardian 1: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Is this parent/guardian currently employed?: _____ Occupation: _____

Parent/Guardian 2: _____ Email: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Is this parent/guardian currently employed?: _____ Occupation: _____

Please tell us about any other dependents in the household:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

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Part Two: Financial Information

Wingspan Arts is committed to making our programs and classes accessible to all students, regardless of a family's ability to pay. We determine scholarships based entirely on financial need, and simply ask families to be honest about their financial situation.

Total current family income: _____

Source(s) of income (check all that apply): Employment Public Assistance

SSI Disability Child Support Other (please specify) _____

I can afford to pay the following amount: \$_____

Please let us know more about why you are seeking a scholarship from Wingspan Arts. You can let us know more details about your financial situation, why you want your child involved with Wingspan Arts, or anything else that could help us make our determination. Please note that this is the most important factor we use when determining scholarship amounts!

If you have any supporting documents that could help us evaluate your scholarship request (paystubs, W2s, tax returns, bank statements, rent/mortgage payments, etc) please send them to summerstudio@wingspanarts.org.

Have you registered your child online at www.wingspanarts.org?:

Yes, I have registered my child online, using coupon code SSFA15 to make a 20% deposit.

No, I have not registered my child online, but I will immediately after turning in this form.

No, I have not registered my child online, and I cannot afford the deposit. I understand this means my child will not be able to start attending Summer Studio until my scholarship form has been reviewed.

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Part Three: Major Choices

Wingspan Arts Summer Studio includes 2 MAJOR Options. Please use the information found at www.wingspanarts.org, and let us know your child's first choices for Majors and Sessions:

- | | | | |
|------------|------------|---------------|-----------------------------------|
| SESSION 1: | ART STUDIO | MUSICAL MANIA | <input type="checkbox"/> No Major |
| SESSION 2: | ART STUDIO | MUSICAL MANIA | <input type="checkbox"/> No Major |
| SESSION 3: | ART STUDIO | MUSICAL MANIA | <input type="checkbox"/> No Major |
| SESSION 4: | ART STUDIO | MUSICAL MANIA | <input type="checkbox"/> No Major |
| SESSION 5: | ART STUDIO | MUSICAL MANIA | <input type="checkbox"/> No Major |

Part Four: Medical Information

Doctor's Name: _____ Phone: _____

Allergies (please check all that apply):

- Seasonal Asthma Wheat Corn Peanuts Other nuts
 Dairy Tylenol Motrin Advil Other Medications
 Soap Insects Citrus Fruits Other Fruit
 Other (please specify): _____

Is there anything else we should know about your child? (IEP, special needs, health/medical conditions, etc?)

**IF YOUR CHILD HAS A LIFE-THREATENING MEDICAL CONDITION, PLEASE
MAKE SURE YOU SPEAK DIRECTLY WITH THE SITE DIRECTOR ON THE FIRST
DAY OF THE PROGRAM.**

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**Part Five: Wingspan Arts Terms and Conditions for participation in
Summer Studio 2015**

I understand and agree:

- 1) That this payment is for the 2015 Summer Studio and that I shall not be entitled to any deduction for my child's absences or illnesses during the term; that in the event of my child's withdrawal or suspension (see item #3 below) from the Program after the session has started, I shall not be entitled to any refund of unused tuition;
- 2) Partial tuition refunds considered if requested in writing before the beginning of the session. (Registration and materials fees are non-refundable.) All refund requests are evaluated on a case-by-case basis;
- 3) That the Program requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, the Program has the right to dismiss my child from the Program;
- 4) That Wingspan Arts reserves the right to modify sessions, change instructors and room assignments as necessary, or to cancel sessions not meeting minimum enrollments;
- 5) That if my child is not picked up by 4:00 PM (3:00PM on Fridays), I agree to pay lateness fees according to Program policy; and that my child, in accordance with Department of Education policy, may be taken to the local Police Precinct in the event no one is available to supervise my child after 4:00 PM (3:00PM on Fridays);
- 6) That if my child is injured and requires medical attention and I cannot be reached for instructions, I do hereby give authority to Wingspan Arts to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible;
- 7) That during the Summer Studio program, my child may be photographed and/or videotaped by Wingspan Arts personnel or its authorized agents exclusively for internal and/or promotional use;
- 8) That some Programs may involve trips outside the school building supervised by staff of the Summer Studio. I give my child permission to go on any such trips organized as part of the Program, including (but not limited to) neighborhood libraries, parks, museums, and other schools;
- 9) That in consideration of conducting the Wingspan Arts Summer Studio Program and allowing my child to participate in such program, I hereby release and forever discharge the school, Wingspan Arts, Inc., and its officers, volunteers, employees, contractors, and agents from any liability arising out of or based upon any bodily injury or property damage which may be sustained by my child while participating in such program.

I certify that all information listed here is true and accurate to the best of my knowledge:

Parent/Guardian Signature _____ Date: _____
(rev. 1/15)