

# Wingspan Arts Scholarship & Financial Aid Request Form



WingspanArts  
connecting the arts to life

## 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!

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*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 [marissa@wingspanarts.org](mailto:marissa@wingspanarts.org)*

Have you registered your child online?:

- Yes, I have registered my child online and paid the 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 classes until my scholarship form has been reviewed.

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## Part Three: 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?)

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

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## Part Four: Wingspan Arts Terms and Conditions for participation in Conservatory Classes

I understand and agree:

1) That this payment is for Conservatory Programming 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 classes have 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 term. (Registration and materials fees are non-refundable.) All refund requests are evaluated on a case-by-case basis. If granted, refund will be processed in 4-6 weeks;

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 change instructors and room assignments as necessary, or to cancel classes not meeting minimum enrollments;

5) That if my child is not picked up by the end of class, 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 class;

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;

1) That during the Wingspan Arts Conservatory program, my child may be photographed and/or videotaped by Wingspan Arts personnel or its authorized agents exclusively for internal and/or promotional use;

2) That some Program classes may involve trips outside the building supervised by staff of the Program. 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 Conservatory Program and allowing my child to participate in such program, I hereby release and forever discharge 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.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**When form is completed, return to  
conservatory@wingspanarts.org--please specify which class(es)  
you are interested in enrolling your child in.**