



Financial Aid Application Form

Please fill out a separate form for each student

The Lawrence Arts Center is a non profit organization committed to serving Lawrence and area communities. Financial assistance is available on a limited basis to students who might otherwise be unable to enroll in programs. The goal of the Arts Center scholarship program is to increase access and opportunity for community members from diverse backgrounds to experience the arts. Priority is given to low income, first time students. Financial assistance is based on the availability of funds, number of requests, participation history and other factors determined by each program director.

All applicants will be asked to pay a minimum contribution of \$5.00 or 10% (whichever is higher) per class at the time of enrollment. This is to encourage students to take an active partnership in meeting their fees. A payment plan can be arranged to offset any potential financial burden caused by this contribution. Families are encouraged to pay what they can for classes so that financial aid can be used to assist the maximum number of requests. For more information regarding financial assistance, please review the Lawrence Arts Center Scholarship policy.

Application procedure:

1. A completed Enrollment Form must be turned in with your Financial Aid Application and required documentation. **Incomplete forms will not be considered.**
2. **Completed financial aid application should be turned in one week before the first day of class.**
3. The Lawrence Arts Center will notify students after all applications have been reviewed.

DATE: _____

Has the Student taken classes at the Lawrence Arts Center Before? (please circle) YES NO

Applicant's Name _____ Date of Birth ____/____/____

Student's Name (if student a minor) _____

Address _____ City _____

State _____ Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

List All Members of the Household

Name _____	Date of Birth ____/____/____
Name _____	Date of Birth ____/____/____
Name _____	Date of Birth ____/____/____
Name _____	Date of Birth ____/____/____
Name _____	Date of Birth ____/____/____

List Annual Income From All Sources In Household :

Total Income from Employment \$ _____

Total Income from Sources Other than Employment \$ _____

(please circle)

student financial aid *social security* *unemployment* *TANF*

retirement/pension *income from other sources (specify)* _____

Total Annual Household Income: \$ _____

Please fill out both sides of this form. Incomplete applications will not be processed.

Optional Demographic Data

American-Indian or Alaskan Native

Black or African American

Native Hawaiian or Pacific Islander

Hispanic or Latino

White/Non-Hispanic

Asian

GENDER: Male Female

FOSTER CARE: Yes No

Class Code and Description

CLASS CODE	CLASS NAME/DAY/TIME	\$FEE	<u>Office use</u>
Total class fees		\$	
I AM WILLING AND/OR ABLE TO PAY		\$	

By signing this application I understand that:

- It is my responsibility to pay any or all portions of the enrollment fees prior to the class start date if awarded only partial financial aid.
- I am making a commitment to attend the class unless an emergency arises at which time I will notify the Arts Center of my change in plans. Failure to notify the Lawrence Arts Center of a cancellation on my enrollment in this class will result in lost opportunities for others to take the class, and will jeopardize my opportunity to be awarded financial aid in the future.
- I understand that the Lawrence Arts Center reserves the right to verify financial information to be eligible for financial aid.
- **I certify that the information on this application is true, correct and complete, to the best of my knowledge.**

Signature _____ **Date** _____

APPLICATIONS WILL NOT BE PROCESSED WITHOUT A SIGNATURE.

Checklist for Application:

- Completed Enrollment Form for each student**
- Completed Financial Aid Request Form for each student**
- Income Verification documents**

FOR OFFICE USE ONLY

Amount Requested: _____ Date: _____

Approved? _____ Date: _____

Amount Approved: \$ _____