School@VisArts Fall 2020 Scholarship Application

Student Information: Student's Name: Date of Birth: _____ Grade: _____ Sex: Male ____ Female ____ Address: Parent/Guardian #1 Information: Name: Address: Phone Number: ____ E-mail Address: Occupation: Employer: _____ Work Phone Number: Parent/Guardian #2 Information (if applicable): Name: _____ Address: Phone Number: _____ E-mail Address: Occupation:

Employer:
Work Phone Number:
Please list all other dependents:
Name, Age
,,
,
,
,
Total Number of Dependents:
Adjusted Gross Income for Parent/Guardian #1:
Adjusted Gross Income for Parent/Guardian #2:
Total Combined Adjusted Gross Income:
Your adjusted gross income can be found on the following IRS forms: 1040 line 37 1040 line 47 & 52 1040 EZ line 11 Telefile K (2)
VisArts can provide scholarships to students for a maximum of 6 sessions. The sessions do not have to be consecutive and can be chosen to accommodate the families in whatever way is most convenient. If extension of service is needed, please contact us and we will evaluate the enrollment and make a decision on whether or not to extend the scholarship beyond 6 weeks.
Please indicate the session(s) that you are interested in:
Week 1: August 31st - September 4th
Week 2: September 8th - 11th
Week 3: September 14th - 18th
Week 4: September 21st - 25th

Week 5: September 28th - October 2nd
Week 6: October 5th - 9th
Week 7: October 12th - 16th
Week 8: October 19th - 23rd
Week 9: October 26th - 30th
Week 10: November 2nd - 6th
Week 11: November 9th - 13th
Week 12: November 16th - 20th
Week 13: November 24th - 25th
Week 14: November 30th - December 4th
Week 15: December 7th - 11th
Week 16: December 14th - 18th
Week 17: December 21st - 23rd
I declare that the above information is true and correct to the best of my knowledge.
Parent/Guardian #1:
Signature Date
Parent/Guardian #2 (if applicable):