

**ChiArts Summer Camp Scholarship Form**

# Contact Information

Today’s Date:

|  |  |
| --- | --- |
| Student Name |  |
| Student Birthdate |  |
| Student grade as of Fall 2019 |  |
| Student Street Address |  |
| City, State, ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| Parent Name |  |
| Parent/Student E-Mail Address |  |

# Household Income

|  |  |
| --- | --- |
| Please list your annual household income here (include all contributors) |  |
| Your Employer/Profession |  |
| Spouse’s Employer/Profession |  |
| Total Number of Dependents |  |

Are there special circumstances that affect income as it is reflected in your proof of income? Please include student loans, familial support, child support, etc.



Tell us more about your child! What are their interests, hobbies, extracurriculars? After school, weekend, and self-guided activities can be included.



# Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a scholarship recipient, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature (Electronic acceptable) |  |
| Date |  |