

Chester County Art Association
Scholarship Application: Summer Camp, West Chester Facility

If you have any questions about this application, contact: Maryanne Leagans
 mleagans@chestercountyarts.org (336) 909-4993

NOTE: When requesting for a child, parent or legal guardian (the Requestor) must fill out form.
 Date of this application _____

Full Name of Requestor _____
 Street Address _____
 City _____ State _____ Zip code _____
 Home phone, including area code _____
 Cell phone, including area code _____

Name of person who will use this scholarship, if granted _____
 Relationship to Requestor _____
 Name, date and cost of camp you are requesting _____

CCAA's Summer Camp Scholarship Policy: An award of a scholarship is not a guarantee of attending the specific camp requested, due to enrollment guidelines that govern all camps. Each camp must have a minimum number of paid participants, or it cannot run. This policy applies equally to every camp and every camper who registers. If a camp is canceled, every effort is made to place the registered camper(s) in another camp within the same day/time slot. When possible, registered campers will be offered a choice of all camps in that day/time slot that have met the minimum enrollment requirement and are not already full.

How much is the Requestor able to contribute towards the cost? _____
 Has anyone in this household received a scholarship from CCAA in the past? _____

List all persons living in this household (use extra sheet, if needed)

Full Name	Date of Birth	Age	Sex	Relationship to Requestor

List all monthly incomes within the Household by each job and wage earner. *(Please provide pay stubs from the most recent 2 months for each job and each wage earner.)*

Please list any subsidies currently being received by anyone in the household:
 assistance with food, medical costs, housing costs, etc.

Is anyone in the household receiving alimony or child support? _____

Is there any other monthly income not yet listed? _____

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Please list all current monthly expenses for the household:

<i>Name of expense</i>	<i>Amount</i>	<i>Name of expense</i>	<i>Amount</i>
Mortgage		Vehicle Payment(s)	
Rent		Vehicle Insurance(s)	
Electricity		Credit Card Debt(s)	
Heating Gas		Other Loan(s)	
Heating Oil		Parole Fees	
Water		Court or Legal Fees	
Landline Phone(s)		Paying Alimony	
Cell Phone(s)		Paying Child Support	
Internet Services		Vehicle gasoline	
TV Services			
Food			

List all vehicles for this household:

Year	Make	Model	Year Acquired	Amount owed, if any

Has anything happened recently causing a financial hardship and making it difficult to pay the class/camp tuition? If yes, please explain briefly.

Is there anything else you would like us to consider while reviewing your application for a scholarship? _____

Signature of Requestor: _____ Date: _____

For CCAA Staff:

CCAA Staff Reviewer: _____ Date: _____

Documents requested: _____ Received? _____

Applicant Participation: _____ Percentage: _____

Staff Reviewer recommendation _____

Final Review by Executive Director _____ Date: _____