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fineartsassociation.org

Creative Arts Therapies Scholarship Application

Incomplete applications will not be accepted.

An individual application must be completed and submitted for each student.

Scholarship Submission dates – July 17 for Fall 2020/ Spring 2021; April 1 for Summer 2021

Today's Date _____

Client Information

Student Name _____ Date of Birth _____

Name of Parent/Guardian _____

Street Address _____

City _____ Zip Code _____ County _____

Primary Phone _____ Secondary Phone _____ E-mail _____

New client application? Yes No

Are you currently registered at FAA? Yes No

Are you a previous FAA student? Yes No

If applicable, please list history of services at FAA (therapist(s), session-type, start of services, number of years):

Have you received FAA scholarships in the past? Yes No

Desired Services

Desired service (art therapy, music therapy, adapted lesson in either art or music, therapy group, class number, workshop, and/or other adapted programming):

Desired session length (30 minutes, 45 minutes, or 60 minutes): _____

Semester that you would like to attend (Attend all that apply): Fall (2020-2021) 18 weeks

Spring (2021) 18 weeks Summer (2021) 6 weeks

Financial Need Verification

To be eligible for a scholarship, total family income must be at or below the 200% Federal Poverty Level (see Application Guidelines for chart) or extenuating circumstances must apply (see Applications Guidelines for applicable circumstances). In either case, income information must be reported accurately.

Total Family Income before taxes (as shown on your current tax return): \$ _____

Total number of dependents (as shown on your current tax return): _____

Extenuating circumstances (i.e. out of pocket coverage, adaptive equipment needs, unemployment, other therapy costs):

Other resources that FAA has permission to bill (i.e. NEON): _____

By reviewing and checking each box, you are indicating that you understand and comply with these expectations:

I have attached a copy of my current year IRS 1040 form (or proof of extenuating circumstances).

Incomplete applications will be declined.

Excessive absenteeism or tardiness may put scholarship monies at risk.

Scholarships are non-transferable and may not be switched to another area of study or session or shared with family.

By signing this form, I confirm that all information above is true to the best of my knowledge and I agree to the terms and conditions of accepting this scholarship as outlined in the Creative Arts Therapies Scholarship Guidelines and this Application Form. I have provided accurate information and all required documents. I understand that my information and any monetary awards are confidential and used for internal purposes only.

Student Signature

Date

Parent/Guardian Signature

Date

Internal Use

Therapy Session, Adapted Lesson, Group, or Class Cost: \$ _____

Suggested Allocation amount \$ _____