



38660 Mentor Avenue  
Willoughby, Ohio 44094-7797  
www.fineartsassociation.org

## Creative Arts Therapies Scholarship Application

**Incomplete applications will not be accepted.**

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

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 18 weeks

Spring 18 weeks  Summer 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 \$\_\_\_\_\_