



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

fine arts
association

SCHOLARSHIP APPLICATION

Late or incomplete applications are ineligible. Individual applications must be completed and submitted for each student.

Student Name _____ Date of Birth _____

Name of Parent/Guardian (if under 18 years of age) _____

Street Address) _____

City _____ Zip Code _____ County _____

Primary Phone _____ Secondary Phone _____ E-mail _____

Are you currently registered at FAA? ___ Yes ___ No Are you a previous FAA student? ___ Yes ___ No

Is the student or student's guardian a US Veteran? ___ Yes ___ No

Please list area(s) of discipline and number of years studied here at FAA (list art discipline, teacher and years):

Have you received any scholarships in the past? ___ Yes ___ No

Have you applied for ACEOHIO funding (<https://www.aceohio.org>)? ___ Yes ___ No

If you have received a scholarship in the past, please list your FAA volunteer activities: _____

FINANCIAL INFORMATION VERIFICATION

To be eligible for a scholarship, total family/household 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. Please describe your extenuating circumstances in 500 words or less on a separate page.

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

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

Desired Class or Private Lesson: _____

Program's cost (as listed in the Fine Arts Association class/lesson schedule): \$ _____

Sessions for which you are applying (check all that apply): ___ Fall/Spring ___ Summer

Please check/complete information below if you are applying/eligible for a CAT or SWRM scholarship:

___ I am a Creative Arts Therapies scholarship applicant

- New client application? ___ Yes ___ No
- 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 ___ 60 minutes
- Other sources FAA has permission to bill (i.e. NEON): _____

___ I am applying for the Sarah Weeden Richardson Minority scholarship (The Sarah Weeden Richardson scholarship is earmarked specifically to support instructional education at FAA for Black and African American students.)

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 and will provide proof of identification.
- If extenuating circumstances apply, a brief description is attached.
- Late or incomplete applications will be declined.
- FAA volunteer activities are mandatory.
- Excessive absenteeism or tardiness may put scholarship monies at risk.
- Scholarships are non-transferable and may not switch to another area of study or session or be 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 Financial Need Scholarship Application 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