



## SVPA Summer Arts Institute Scholarship 2018

The SVPA Summer Arts Institute is committed to engaging minds, expanding perspectives, and inspiring growth in students of all ages and experience levels. The Institute provides high quality arts education programming for youth between the grades of 5-8. This scholarship removes financial obstacles for families in need, by providing partial scholarships for attendees.

**Scholarship Guidelines** Applications will be accepted through April 30, 2018 for scholarships granted summer 2018. Only complete applications will be considered. Grants are awarded on a first come, first served basis. Each child awarded a scholarship will receive a tuition reduction of \$300 for camp, leaving a total balance of \$225 per applicant.

**Scholarships are not guaranteed.**

*Be sure to submit all the materials required for a complete application. Incomplete applications will not be eligible for consideration. If, for any reason, a portion(s) of the application cannot be completed please email [svpasummer@wcsu.edu](mailto:svpasummer@wcsu.edu)*

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For Internal Use Only	
Date Received	
Staff Member Receiving	
Status	
Date Applicant Notified	
How Applicant Notified	
Who Notified Applicant	

**Part 1. Application Information** (Please PRINT)

Name of Primary Adult Contact in Household \_\_\_\_\_

Household Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Primary Phone Emergency Phone/Name of person

Email *Please note this will be used to send you official grant award letter*

How would you like us to contact you about your application?

Phone       Email       Both

*Please list each child in your household that you would like to be considered for this scholarship. List their relationship to you. Please be sure to fill out all fields.*

Full Name	Age	Date of Birth	Relationship to You	Has attended camp before?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

If you have been a scholarship recipient before, how many times have you received it in the past two years? \_\_\_\_\_

**Part 2. Financial Circumstances**

*This section helps us better understand your household's need for financial assistance. Please fill in "N/A" if an item does not apply to your household. Please note that this information will need to be supported by your household's most recent tax forms.*

A. Total Number of Adults in household \_\_\_\_\_ B. Total # of Children (under 18) in household \_\_\_\_\_

C. Annual household earned income before taxes: \_\_\_\_\_  
*This is the total of all adult earners in the household*

D. Other Annual Income: **You must provide one or more of the following to be considered**

Information Required	Annual Total	Documentation Required (attach)
Annual Income	\$	<b>Photocopy of your most recent 1040</b>
Disability or SSI	\$	<b>Proof of SSI or Disability</b>
Other Public Assistance	\$	<b>Proof of Assistance</b>
Unemployment	\$	<b>Proof of Unemployment</b>

E. Please further explain any special circumstances listed/not listed above that bear on your household's financial need. You may include information on unusual medical, education, or other expenses.

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**Part 3. Personal Statement** With the members of the household, please take a moment to reflect on how this scholarship opportunity would affect your children. How does the opportunity to be creative and improve artistic skills at the Institute help you? What do you hope to gain from your camp experience? *Include this as a separate document along with your submission packet.*

**Note: All scholarship applications must be accompanied by a \$100 non-refundable deposit - please make check out to WCSU Summer Institute.**

Thank you for applying. Please scan all materials and email to [sypasummer@wcsu.edu](mailto:sypasummer@wcsu.edu). You may also mail the form to WCSU SVPA 181 White Street Danbury CT 06810 or drop off the application in person.

Please sign below indicating that the information you've provided is true to the best of your knowledge.

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Signature of Primary Adult Contact for household

Date