



## **Financial Aid Application ADULT (rev. 5/24/18)**

Creative Arts Workshop is committed to offering financial assistance to make the arts more accessible whenever possible. Financial assistance decisions are made on an as-needed AND as-available basis with no guarantees of approval. Consideration for assistance is first given to those who have not previously received aid from CAW, and to those who can show greatest financial need.

To apply:

- 1) Complete separate financial aid applications for each Adult and Child (17 or under) applying for aid.
- 2) Submit the completed Financial Aid application form by the published deadline date for the relevant term. **NO APPLICATION FEE IS REQUIRED.** Applications can be emailed, dropped off, or mailed to CAW. If emailing, please send to [registrar@creativeartsworkshop.org](mailto:registrar@creativeartsworkshop.org). If mailing, please have your application postmarked by the deadline date.
- 3) CAW can hold one space per person until financial aid decisions are complete. Space in your first choice as listed on the application form will be held whenever possible.
- 4) All notifications will be made prior to the start of eligible programs. If financial aid is granted, applicants are required to notify the Registrar if they wish to accept or decline the award, and make a tuition payment equal to 30% of the balance due prior to the start of class. Unused financial aid cannot be deferred to a later term.

In addition to financial aid, a list of scholarships that may be available can be found on our website at [www.creativeartsworkshop.org](http://www.creativeartsworkshop.org). If you feel uniquely qualified for one of the scholarships listed, please tell us why in the essay.

If you have any questions about Creative Arts Workshop's application process, please contact us at 203-562-4927, or [registrar@creativeartsworkshop.org](mailto:registrar@creativeartsworkshop.org). Thank you.

# CREATIVE ARTS WORKSHOP

a community art school

## FINANCIAL AID APPLICATION

ADULT

DO NOT FILL IN THIS BOX --- FOR OFFICE USE ONLY

Term/Year \_\_\_\_\_ Tuition: \$ \_\_\_\_\_  
Received: \_\_\_/\_\_\_/\_\_\_ Award: \$ \_\_\_\_\_  
Letter Sent  Paid: \$ \_\_\_\_\_  
Registered  Due: \$ \_\_\_\_\_

### APPLICANT INFORMATION

Student's **FIRST & LAST** Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_  
Street City Zip Code

Email address: \_\_\_\_\_ Eve Phone #: \_\_\_-\_\_\_-\_\_\_\_\_  
Day Phone #: \_\_\_-\_\_\_-\_\_\_\_\_

Have you received assistance from CAW in the past?  Yes  No

If yes, please answer with the most recent information.

Semester:  Winter  Spring  Summer  Fall Course Title: \_\_\_\_\_

Year: \_\_\_\_\_ Instructor: \_\_\_\_\_

Will you receive assistance from any other organization to take this course?  Yes  No

What organization? \_\_\_\_\_

What course(s) are you considering this term?

1<sup>st</sup> choice: \_\_\_\_\_  
Course Name/Section Instructor Last Name Meeting Date & Time

2<sup>nd</sup> choice: \_\_\_\_\_  
Course Name/Section Instructor Last Name Meeting Date & Time

3<sup>rd</sup> choice: \_\_\_\_\_  
Course Name/Section Instructor Last Name Meeting Date & Time

### HOUSEHOLD AND INCOME INFORMATION

Place of Employment: \_\_\_\_\_  Part-time  Full-time  
 I am currently unemployed

Address: \_\_\_\_\_  
Street City Zip Code

Annual gross income:

Below \$20,000  \$20,001-\$40,000  \$40,001-\$60,000  \$60,001-\$80,000  Above \$80,001

Total number of adults/children in household: \_\_\_\_\_

Name of adult/child: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

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Name of adult/child: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**REFERENCES:** Please list two (2) references who can validate your financial need.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_\_\_  
First & Last Name

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_-\_\_\_-\_\_\_\_\_  
First & Last Name



The following sections are **OPTIONAL**.  
Applicants are **NOT** required to participate or provide further information.

**CREATE+COLLAB WITH OUR TEAM: Volunteer at Creative Arts Workshop!**

At Creative Arts Workshop, there are many ways a student can support and become an integral part in our organization. If you are interested in volunteering, please check as many activities and programs you wish to assist in and the best time you are available.

**I would love to work with the:**  Gallery  Admin Office  Events  Special projects

**I am available:**  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 10-1 pm  12:30-3:30 pm  5-8 pm

**DEMOGRAPHICS**

Grant makers and sponsors love demographics! Please consider helping us by providing this anonymous information, so we can secure more grant and sponsorship dollars and provide better program delivery. It is, of course, optional.

<b>Race:</b>	<b>Gender:</b>	<b>Age:</b>	<b>Do you have a disability?</b>	<b>How would you describe yourself?</b>
<input type="checkbox"/> Asian	<input type="checkbox"/> Female	<input type="checkbox"/> 18-24	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Total Beginner
<input type="checkbox"/> Black	<input type="checkbox"/> Male	<input type="checkbox"/> 25-35		<input type="checkbox"/> Occasional Student
<input type="checkbox"/> Hispanic		<input type="checkbox"/> 36-55		<input type="checkbox"/> Committed Student
<input type="checkbox"/> Native American		<input type="checkbox"/> 56 +		<input type="checkbox"/> Professional/Exhibiting Artist
<input type="checkbox"/> White				<input type="checkbox"/> Other: _____