Creative Arts Workshop is committed to offering financial assistance to make the arts more available to more people. Financial assistance decisions are based on need. Funding permitting, we offer financial assistance through partial financial aid or scholarships. 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. Application does not guarantee award.

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. 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/classes/financialaid. If you feel your child is 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. Thank you.
FINANCIAL AID APPLICATION

CHILD

APPLICANT INFORMATION

Student’s FIRST & LAST Name: ___________________________________________________ Date of Birth: ___/___/____

Current Grade: ______ School: __________________________________________________

Gender: □ Female □ Male Is student/family a CAW member? □ Yes □ No

What course(s) are you considering for your child this term?

1st choice: ___________________________________________ Course Name/Section ____________________________ Instructor Last Name ____________________________ Meeting Date & Time ____________________________

2nd choice: ___________________________________________ Course Name/Section ____________________________ Instructor Last Name ____________________________ Meeting Date & Time ____________________________

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian name: ____________________________________________ First & Last Name ____________________________

Address: ____________________________________________ Street ____________________________ City ____________________________ State ____________________________ Zip Code ____________________________

Email address of Parent/Guardian: ____________________________________________ Eve Phone #: ______ - ______ - ______

Has student 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 your child receive assistance from any other organization to take this course? □ Yes □ No

What organization? ____________________________

HOUSEHOLD AND INCOME INFORMATION

□ Part-time □ Full-time I am currently unemployed

Place of Employment: __________________________________________________________

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: ___

Name of adult/child: ____________________________ Relationship: ____________ Age: ___

Name of adult/child: ____________________________ Relationship: ____________ Age: ___

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
What about your financial situation compels you to apply for financial assistance? What do the arts mean to the applicant? If you feel your child is uniquely qualified for one of the scholarships listed on our website, please tell us why in your essay.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Will your child still take a Creative Arts Workshop class if you do not receive financial assistance?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

By signing, I certify that the above information is true and accurate to the best of my knowledge.

SIGNATURE: __________________________________________ DATE:_____/_____/______
The following sections are **OPTIONAL**.
Applicants are **NOT** required to participate or provide further information.

**CREATE+COLLABORATE 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 of our organization. Please check as many programs that interest you and the days and times 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 to secure more grant and sponsorship dollars.

<table>
<thead>
<tr>
<th>Race</th>
<th>Gender:</th>
<th>Age:</th>
<th>Do you have a disability?</th>
<th>How would you describe yourself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Asian</td>
<td>□ Female</td>
<td>□ 18-24 □ Yes □ No</td>
<td>□ Total Beginner</td>
<td></td>
</tr>
<tr>
<td>□ Black</td>
<td>□ Male</td>
<td>□ 25-35</td>
<td>□ No</td>
<td>□ Occasional Student</td>
</tr>
<tr>
<td>□ Hispanic</td>
<td></td>
<td>□ 36-55</td>
<td></td>
<td>□ Committed Students</td>
</tr>
<tr>
<td>□ Native American</td>
<td></td>
<td>□ 56 and wiser</td>
<td></td>
<td>□ Professional/Exhibiting Artist</td>
</tr>
<tr>
<td>□ White</td>
<td></td>
<td></td>
<td></td>
<td>□ Other:____________________</td>
</tr>
</tbody>
</table>