



Financial Aid Application CHILD (rev. 08/08/2018)

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

DO NOT FILL IN THIS BOX --- FOR OFFICE USE ONLY	
Term/Year _____	Tuition: \$ _____
Received: ___/___/___	Award: \$ _____
Letter Sent <input type="checkbox"/>	Paid: \$ _____
Registered <input type="checkbox"/>	Due: \$ _____

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 #: _____
Day 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

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: _____

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.

Race:	Gender:	Age:	Do you have a disability?	How would you describe yourself?
<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 Students
<input type="checkbox"/> Native American		<input type="checkbox"/> 56 and wiser		<input type="checkbox"/> Professional/Exhibiting Artist
<input type="checkbox"/> White				<input type="checkbox"/> Other: _____