



# ARTS+ Financial Aid

## Confidential Application for Tuition Support

ARTS PLUS

### Student Information

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender (optional): \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: (optional): \_\_\_\_\_

School (current): \_\_\_\_\_ Grade (current): \_\_\_\_\_

Phone: \_\_\_\_\_ Other/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_

### Course Information

1. Which programs does your student plan to attend? Please select one per time period, or mark N/A.

**Summer:**

- Private Lessons
- Summer Camp
- N/A

**School Year:**

- Private Lessons
- Group Class
- Charlotte Youth Choir
- N/A

### Financial Information

1. What is the Adjusted Gross Income of the person who, for income tax purposes, claims the student(s) listed on this form as a dependent(s)? Amount: \$ \_\_\_\_\_
2. Please list any other monies/aid (food stamps/wic, child support, alimony, social security, unemployment, disability, social security, other income): Amount: \$ \_\_\_\_\_
3. Please indicate the total number in your household as indicated on your tax return form: \_\_\_\_\_

**Enclose a copy of your latest income tax return OR any other official proof of annual income**

**(ex: disability, unemployment documentation).**

- *If there are extenuating circumstances, which we may not see from your tax return information, please provide those for us. This can include current pay stubs, disability or unemployment documentation and/or narrative explanations.*

**Required: I have read and understand all of Arts+'s policies and procedures and agree to adhere to them. I understand that tuition support may be withdrawn from any student who does not maintain a good record of cooperation, endeavor and achievement satisfactory to Arts+. I understand that providing false or misleading information on any part of this application will disqualify me from any current or future tuition support from Arts+. Please note that financial assistance cannot be granted if this application is incomplete.**

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Return form by email or USPS:  
 registration@artsplus.org  
 Attn. Student Services Coordinator, Arts+  
 PO Box 32757, Charlotte, NC 28232