ARTS+ Charlotte Youth Choir Sliding Scale Tuition Form

Student Information

- ☐ New Student
- ☐ Returning Student
- ☐ I have received previous tuition support
- ☐ I have NOT received previous tuition support
- ☐ Tuition only
- ☐ Tour only
- ☐ Tuition AND Tour

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Ethnicity: (optional): _____

School (current): _____ Grade (current): _____

Home Phone: _____ Other/Cell: _____

Email: _____

Parent Name: _____

Employer: _____ Work Phone: _____

How did you hear about Arts+? _____

Please list financial assistance received per year from the following sources:

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. What are the total wages of the other parent/guardian? Amount: $ _____
3. Do you receive any other allotment of monies from agencies representing: Amount: $ _____
   a. Aid to families with dependent children? Amount: $ _____
   b. NC public aid: monthly Food Stamps/WIC? Amount: $ _____
   c. Alimony and/or child support? Amount: $ _____
   d. Social Security? Amount: $ _____
   e. Other income (retirement, disability, unemployment, etc.)? Amount: $ _____
4. Please indicate the total number in your household as indicated on your tax return form: _____
5. **Enclose a copy of your latest income tax return OR any other official proof of annual income (ex: disability, unemployment documentation).**
6. If there are extenuating circumstances we should know for consideration of your application which we may not see with just 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 I understand that tuition support may be withdrawn from any student who does not maintain a good record of cooperation, endeavor and achievement satisfactory to Arts+.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:
Attn. Student Services Coordinator, Arts+
PO Box 32757, Charlotte, NC 28232
registration@artsplus.org