



ARTS COUNCIL OF
PRINCETON

Scholarship Application

Through the generosity of foundation grants and individual donations, The Arts Council of Princeton provides scholarships so that our classes are accessible to people of all socioeconomic backgrounds.

To apply for an ACP scholarship, please complete the *entire* application. All information submitted is confidential. Awards are based on need. Please apply as early as possible. If you have any questions regarding scholarships please contact O'Sheila Eural.

Deadline: Scholarship applications must be submitted prior to the deadline set by the Arts Council. Applications submitted after the deadline will not be considered.

How to Apply: Complete this application and attach a copy of your most recently filed income tax form. If you do not file a federal income tax form, please submit copies of other verification of income and/or support.

All applications will be collected until the deadline date and then reviewed collectively.

Submissions from families with an outstanding tuition balance will not be considered until the balance is paid in full.

Materials must be mailed, delivered, or faxed.

Award: Reduced tuition based on financial need.

Award Obligations: Consistent attendance at classes.

Any balance of tuition not covered by the award needs to be paid **BEFORE** the specified start of the program.

Return Materials to: Attn.: O'Sheila Eural
Arts Council of Princeton
Paul Robeson Center for the Arts
102 Witherspoon Street
Princeton, NJ 08542-3204

Fax: 609-921-0008

Arts Council of Princeton Scholarship Application

Student Information

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Today's Date: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

E-mail: _____

For Students Under 18

Date of Birth: _____ Is the child enrolled in a school lunch program? YES NO

Name of School: _____

If child attends private school, does he/she receive financial aid from the school? YES NO

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Number of Dependents (as listed on your federal income tax form): _____

Financial Information – Current Annual Income:

Adjusted Gross Income from federal tax form: \$ _____

Please briefly describe your need for financial assistance:

Signature of applicant (Parent/Guardian if under 18): _____ Date: _____

ACP office use only -----

Scholarship Review Date: _____

Class	Fee	Scholarship Amount	Applicant Amount	Payment Method	Notes