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 the Arts Council of Princeton at 609-924-8777 and ask for the Education Department.

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.: Education Department
Arts Council of Princeton
Paul Robeson Center for the Arts
102 Witherspoon Street
Princeton, NJ 08542-3204

Fax: 609-921-0008
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: _____________

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