



Financial Aid Scholarship

About the scholarships

- Aiken Center for the Arts (ACA) offers full and partial scholarships to students who demonstrate financial need and have displayed a dedication to the arts.
- Scholarship space is limited and is awarded on a first-serve basis. Students who receive scholarships are expected to attend regularly and participate in all activities.
- *All students who receive a scholarship are subject to a registration fee of \$10.00 regardless of amount awarded.*

Scholarship Requirements

In order to be considered for scholarship, families may not exceed the incomes outlined on the chart below*

Household size	Gross monthly income	Annual income
1	\$1,211	\$14,928
2	\$1,640	\$19,680
3	\$2,069	\$24,828
4	\$2,498	\$29,976
5	\$2,927	\$35,124
6	\$3,356	\$40,272
7	\$3,785	\$45,420
8	\$4,214	\$50,568

*Extenuating circumstances may occasionally result in eligibility. If your family does not meet the above requirements, you may still apply. Please indicate said circumstances on the application form.

**Household includes all people living in your household, related or not (such as relatives, grandparents, friends, etc.). You must include yourself in the total.

Conditions of Scholarship and Retention

- Scholarship applications must be on time and complete for consideration.
- Registration and partial scholarship fees must be turned in **before** the first day of class. **ACA Arts instructors cannot accept scholarship forms or payment for application.**
- Students must arrive on time for class. Excessive tardiness could affect future scholarship eligibility and may result in dismissal from class.
- Inappropriate behavior may affect future scholarship eligibility.
- A new application must be filled out for each class session – scholarship eligibility does not carry over.
- Scholarships are limited to one per student per class session.



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How to apply

1. Review the ACA brochure of class offerings and select the best choice for yourself or your child.
2. Check to see that your family meets the requirements outlined above.
3. Fill out the attached application and return to ACA at the earliest opportunity prior to the start date of chosen class as this is a first-serve basis. Applications must be filled out *completely* and turned in *on time* to be considered. Please double check that you have filled out the application completely. **Under no circumstances will an incomplete application be considered.** Applications will be reviewed in the order that they are received.
4. If you or your child is awarded a scholarship, you will receive notification by mail approximately 5-7 business days following the deadline, and also by phone within 5-7 business days after the application has been processed. At that time, registration fees and any partial scholarship fees will be due.
5. Any student with unpaid fees on the first day of class will be removed from the roster and will not be eligible to participate.

Contact/Submission

Please direct any questions and submit all applications to:

Aiken Center for the Arts
Program Director
122 Laurens Street SW
Aiken, SC 29801

Cathy.Rumble@AikenCenterfortheArts.org
803-641-9094

Applicants should keep pages 1 and 2 for their records.



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Application

General Information

Today's Date: _____ Student's Name: _____

Age: _____ Birth Date: _____ Grade: _____

Gender: Male Female

Parent/Guardian Name: _____

Relationship to student: _____

Address: _____

City/State/Zip: _____

Email: _____

Primary Phone: _____ Alternate Phone: _____

Is this your first class at ACA? Yes No

How did you hear about ACA classes? _____

Do we have permission to photograph the student in classes (only for ACA/Partner promotional use)?

Yes No

Allergies/Medical Information

Please list any allergies or special conditions for this student (e.g., conditions requiring medication or special attention): _____

Emergency Contact Information

In an emergency, do we have permission to authorize your child's transport to the hospital? Yes No

If no, what course of action would you like taken: _____

Emergency Contact Person (someone we should contact if the person listed above is unreachable): _____

Relationship to student: _____ Phone: _____



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Class Registration

Please select the month of classes/workshops/camps for which you are applying:

- Winter

 Spring

 Summer

 Fall

For which you are applying: Class Title _____
 Date & Time _____
 Grade Level (for Youth)/Adult _____

Family Financial Information

Number of adults living in your home: _____

Number of children living in your home: _____

Monthly household income (from **all** sources, including other adults in your home, social security, welfare, SNAP, child support, alimony, etc.): \$ _____

Does your family receive any of the following*:

- county assistance Medicaid or any other federal, state or
Yes No
- Free or reduced lunch at school
Yes No
- Food stamps/SNAP
Yes No

*You must provide proof of at least one of the above. Please include proof with this application. Photocopies are acceptable.

Are there any other financial circumstances that you would like considered? If so, please explain:

Student's Signature and Date

Parent/Guardian's Signature and Date