

ARTSCOPE

FINANCIAL AID APPLICATION

The information supplied by the applicant will be considered confidential. It will not be made available to any individual or group not directly concerned with the granting of Artscope scholarships.

The Artscope program calls the applicant's attention to the fact that the money available for scholarships is limited. Therefore, it is vital that you return this form BY MAY 1 so that your child may be considered for assistance.

In most cases, the maximum aid granted is partial tuition. Additional aid may be considered in certain situations.

Artscope endorses the following principles:

No scholarship application shall be considered unless the committee believes that the applicant will make a commitment to attend regularly and fully participate in the program.

A scholarship shall be granted only after the committee has carefully examined the need for such aid.

*Only applications completed in full will be considered (no blank spaces).

*Siblings may be listed on the same scholarship application.

*** All of the following items must be postmarked by May 1, 2008:**

- COMPLETED SCHOLARSHIP APPLICATION
- COMPLETED REGISTRATION FORM
- EITHER PROOF OF FREE/REDUCED LUNCH STATUS OR THE FIRST PAGE OF THE 2007 1040 FEDERAL TAX RETURN.
- COPY OF CAMPER'S CDIB CARD IF AVAILABLE

***NO APPLICATION WILL BE CONSIDERED WITHOUT REQUIRED MATERIALS. APPLICATIONS RECEIVED AFTER THE May 1 DEADLINE WILL BE CONSIDERED ON A FIRST-COME, FIRST-SERVE BASIS AS MONEY ALLOWS.**

***If aid is granted and the child is absent more than one day during camp, the parent or guardian forfeits the aid and is responsible for paying the entire tuition of \$150.**

Receipt of this application will reserve the student's space in Artscope. Applicant will receive notification of scholarship amount no later than May 24. If you have any questions concerning this application or any other aspect of Artscope, please call Jo Perryman at (405)222-2338 or e-mail jostage@aol.com.

ARTSCOPE FINANCIAL AID APPLICATION
PLEASE TYPE OR PRINT IN BLACK INK

Name of student(s) _____ Phone _____

Home Address _____ City _____ State _____

Date of Birth ____/____/____ Age _____ School Attending _____

(additional child) ____/____/____ _____

Father's Name _____ Phone _____

Father's Address _____ City _____ State _____

Father's Occupation _____ Employed by _____

Years with Firm _____ Business Phone _____

Bus. Address _____ City _____ State _____

Mother's Name _____ Phone _____

Mother's Address _____ City _____ State _____

Mother's Occupation _____ Employed by _____

Years with Firm _____ Business Phone _____

Bus. Address _____ City _____ State _____

Student lives with: _____ Mother _____ Father _____ Both _____ Other

Does student qualify for free or reduced price school lunches? ____yes ____no ____ never applied

Does student hold a valid CDIB card? ____yes _____no (If yes, please attach copy.)

HOUSEHOLD INFORMATION:

Status of parent with whom student resides: _____ single/divorced _____ married _____ other

Total size of household during 2007 will be _____.

List dependent children:

Name	Age	School or College
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INCOME AND EXPENSE INFORMATION FOR THE YEAR 2007

	Father	Mother	Other, including step-parent in same household
Earnings (wages, interest, net business income)			
Other Receipts (social security, AFDC, unemployment compensation, child support, etc.)			
TOTAL FOR THE YEAR 2007			

Parent claiming student for 2007 income tax dependent: _____
 More information on reverse

ESTIMATED INCOME AND EXPENSE INFORMATION FOR THE YEAR 2008

IF NO CHANGES ARE EXPECTED IN INCOME, PLEASE COPY INFORMATION FROM FRONT.

	Father	Mother	Other, including step-parent in same household
Earnings (wages, interest, net business income)			
Other Receipts (social security, AFDC, unemployment compensation, child support, etc.)			
TOTAL FOR THE YEAR 2008			

Parent claiming student for 2008 income tax dependent: _____

What minimum tuition grant do you need in order to attend Artscope? _____

Please use the bottom of this page to explain any extenuating circumstances.

I represent that all information in this application is accurate and a fair disclosure of my present financial condition and that if financial aid is awarded, the student will be present every day barring illness.

If the student is absent more than one day in the two-week session, I agree to forfeit the aid and pay the entire tuition of \$150.

Signed _____ Date _____

Check to see that application is complete. Do not leave any blanks. Applications that are incomplete will not be considered. If a question does not apply to you, mark N/A.

Please mail:

- application,**
- completed registration form,**
- copy of valid CDIB card (if applicable) and**
- proof of free/reduced lunch status or front page of 2007 1040 Federal Income Tax return**

by May 1 to:

**Artscope Financial Aid Committee
 USAO Foundation
 1727 W. Alabama
 Chickasha, OK 73018**