

# SCHOLARSHIP PROGRAM Application Form

The Arts Access Fund is a charitable organization dedicated to providing high quality arts experiences to young people, who would otherwise not have the opportunity to pursue artistic excellence under the guidance of professional artists.

#### PROGRAM OVERVIEW

- Scholarships are awarded on the basis of financial need and a strong interest and talent in one
  of the arts (visual art, drama/musical theatre, dance, music or film).
- Candidates may be granted a scholarship to attend arts classes Fall, Winter, & Spring
- Programs are available to children and youth from 6 19 years of age
- Children who receive a scholarship for one term will have the opportunity to apply to renew their scholarship for subsequent terms, based on the recommendation of their instructor and the referring agency/school.
- Scholarships are processed on a first come, first served basis and are based on the Fund's financial status. At no time does the Arts Access Fund guarantee spaces will be available in the Scholarship Program.
- All Scholarship students are required to pay a \$20 administration fee for each term they are accepted into the program.

460 Avenue Road, Toronto, Ontario, M4V 2J1 416-961-1502 ext. 303 fax: 416-961-2677

www.artsaccessfund.org

#### **APPLICATION REQUIREMENTS**

#### Candidates must:

- complete an application form, which describes: the child's interest in the arts, how s/he would benefit from a formal arts program, why financial assistance is necessary and any extenuating circumstances that are relevant to the request. Please note that AAF reserves the right to request a CRA Notice of Assessment in order to verify financial need.
- provide a letter/form of referral from a social service agency or school (principal, vice-principal or teacher).
- attend an interview and/or audition, if necessary.

Occupation:

 mail or fax the application and referral form to the Arts Access Fund, 460 Avenue Road, Toronto, Ontario, M4V 2J1, Tel: 416-961-1502 ext. 303, Fax: 416-961-2677.

## CHILD INFORMATION Child's Name: (Please mark with a check mark) O Girl O Boy Birthdate: \_\_\_\_\_ Age: \_\_\_ Grade: \_\_\_\_ School Child Attends: \_\_\_\_\_ Home Address/Suite/Apt.#:\_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Health Card #: \_\_\_\_\_ Last Art Program Attended: FAMILY INFORMATION MOTHER'S INFORMATION First Name: Last Name: Home Phone #: Work Phone #: Cell Phone #: Email:

FATHER'S INFORMATION
First Name:
Last Name:
Home Phone #:
Work Phone #:
Cell Phone #:
Email:
Occupation:
FAMILY STATUS:
Is your child living at home: O with both parents O with mother only O with father only O with guardian(s)
If parents are separated or divorced, who has custody of the child?
MEDICAL/PERSONAL INFORMATION
Does the child have any life threatening allergies? O Yes O No If yes, please explain:
Does the child speak and understand English? O Yes O No
Does the child have any special needs or behavioural challenges? O Yes O No If yes, please explain:
In order to promote its program and fundraise, The Arts Access Fund reserves the right to photograph all students and use the photos for promotional purposes (children's names will NOT be used).  Should you object to the use of your child's photo in promotional materials, please check this box.
O I DO NOT give my permission to have my child's photo taken and used in promotional materials.

# FINANCIAL INFORMATION

How many dependent	children are in the household?
What are their ages?	
_	O Single Parent O Dual Parent O Single Income O Dual Income
O \$50,000 - \$74,999	y S20,000 - \$34,999 S35,000 - \$49,999 O \$75,000 and up nat AAF reserves the right to request a CRA Notice of Assessment in order to
Is the family receiving	social assistance? O Yes O No
Please provide a deta	iled explanation as to why financial assistance is required:
	PARENT QUESTIONAIRE
How would your child	benefit from participating in a formal arts program?

How does your child currently involve him/herself in the arts or what has he/she been involved with in the past?
If there is anything else about your child or your family situation that you feel would be beneficial for The Arts Access Fund to know?

#### REFERRAL INFORMATION

All applications must be submitted with a referral from a school teacher, principal, vice-principal or social service agency representative. Please fill out the section below, so that The Arts Access Fund can match your referral letter with this application.

Name of Referring Organization:				
Contact Person & Title:				
Address:				
City:	Province:	Postal Code:		
Tel #:				
Email Address:				
Is a referral letter from this	s person/organization attached?			
O Yes O No*				
	ttached, we ask the referring agency om an arts scholarship and why the	•		

### **PROGRAM REQUEST**

Please number from 1-6 which art form you a if applicable.	are most interested in and underline your specific interest,
O Visual Art (drawing, painting, design, pho	otography, mixed media, cartooning, architecture etc.)
O Drama, Acting and Improvisation	
O Musical Theatre	
O Dance (jazz, ballet, tap, contemporary)	
O Music (vocal and instrumental	[indicate instrument])
O Film Studies	
Please number from 1-7 which day of the we	ek are you available for programs and underline specifics.
Monday (after school, evening)	Tuesday (after school, evening)
O Wednesday (after school, evening)	Thursday (after school, evening)
Triday (after school, evening)	O Saturday (morning, afternoon)
O Sunday (morning, afternoon)	
	CATION FORM WILL NOT BE REVIEWED UNTIL ALL BEEN COMPLETED. I HEREBY DECLARE THAT ALL TRUE TO THE BEST OF MY KNOWLEDGE.
Name Parent/Guardian(please print)	
Signature	
Data	

Thank you for your interest in The Arts Access Fund.

Applicants will be notified upon acceptance into the scholarship program.

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