



# 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 during the Fall, Winter, March Break, Spring or Summer
- 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](http://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.
- 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)       Girl       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: \_\_\_\_\_

Occupation: \_\_\_\_\_

## FATHER'S INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

## FAMILY STATUS:

Is your child living at home:  with both parents  with mother only  
 with father only  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?  Yes  No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does the child speak and understand English?  Yes  No

Does the child have any special needs or behavioural challenges?  Yes  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.

I DO NOT give my permission to have my child's photo taken and used in promotional materials.







# PROGRAM REQUEST

Please number from 1-6 which art form you are most interested in and underline your specific interest, if applicable.

- Visual Art (drawing, painting, design, photography, mixed media, cartooning, architecture etc.)
- Drama, Acting and Improvisation
- Musical Theatre
- Dance (jazz, ballet, tap, contemporary)
- Music (vocal and instrumental - \_\_\_\_\_[indicate instrument])
- Film Studies

Please number from 1-7 which day of the week are you available for programs and underline specifics.

- Monday (after school, evening)
- Tuesday (after school, evening)
- Wednesday (after school, evening)
- Thursday (after school, evening)
- Friday (after school, evening)
- Saturday (morning, afternoon)
- Sunday (morning, afternoon)

**I UNDERSTAND THAT MY CHILD'S APPLICATION FORM WILL NOT BE REVIEWED UNTIL ALL PORTIONS OF THIS APPLICATION HAVE BEEN COMPLETED. I HEREBY DECLARE THAT ALL STATEMENTS MADE IN THIS FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

Name Parent/Guardian \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for your interest in The Arts Access Fund.  
Applicants will be notified upon acceptance into the scholarship program.**

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