

CaPAA of NEPA

Need-Based Scholarship Application

Student's Name: _____

Age: _____ Grade: _____ School: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone _____

Cell Phone _____

Email Address: _____

Note: Notice of approval is sent via email (if available). Check here if you prefer to be notified by phone. _____

Please list the class, name of production or summer sessions in the order in which your student would MOST like to attend. Scholarship is not guaranteed for all requests.

| Class/ Production Name | Tuition Fee | WHAT YOU CAN PAY |
|------------------------|-------------|------------------|
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*****IMPORTANT*** State the FINANCIAL NEED that makes it difficult for you to pay the full fee on the BACK OF THIS FORM or attach a separate sheet for this answer/ essay. Please indicate why this program is important to your student and your family.**

Please provide parent/guardian information:

Adult #1 NAME: _____

Employer: _____

Adult #2 NAME: _____

Employer: _____

TOTAL YEARLY GROSS FAMILY INCOME (include child support if applicable). PLEASE CHECK ONE:

- _____ 0 to \$21,256 _____ \$21,257 to \$28,693
- _____ \$28,694 to \$36,130 _____ \$36,131 to \$43,567
- _____ \$43,568 to \$51,004 _____ \$51,005 to \$58,441
- _____ \$58,442 to \$65,878 _____ \$65,879 to \$74,316
- _____ \$73,317 or ABOVE

CaPAA of NEPA requires ALL scholarship applicants to submit their most recent Federal 1040 tax form for approval. If you did not file taxes this year, or if your current income is lower than stated on the 1040, you may substantiate your income via documentation provided by a state or federal agency. The following forms are acceptable for verification. Please check the form(s) used:

_____ **Most recent Federal 1040 Income Tax return (first 2 pages); REQUIRED IF YOU DID FILE TAXES.**

_____ Free/Reduced lunch award or Food Stamps Award Letter.

_____ WIC Award Letter

_____ Proof of current Access Card (eligibility letter with date)

_____ Proof of disability pay (SSI)

_____ Proof of Social Security Benefits (SSA Benefit Statement or SSA-1099)

UNACCEPTABLE for verification: W-2 forms, paycheck stubs, bank statements, Access medical card, WIC Card.

For questions, contact Sheri Melcher at sheri@capaa.org/ 570-252-4156

ALL INFORMATION IS REQUIRED IN ORDER TO PROCESS YOUR APPLICATION. Incomplete applications will be returned unaccepted. One form per student, please. CaPAA of NEPA has its own blind review needs-based scholarship process. Tuition subsidy is provided by our non-profit organization through generous community and corporate donations.

APPLICATION PROCESS:

- 1. Submit this form at the time of registration.** A spot will be reserved for you in the class/production during the scholarship application process.
- 2. Submit DOCUMENTATION to substantiate your household income level.** This information is necessary to help determine the degree of need for each applicant. Documentation must be shown once per year. Scholarships will be denied without proper documentation. We value your privacy and make every effort to keep information confidential. Please remove social security numbers for all family members before submitting, especially if sending electronically.
- 3. Scholarship may be awarded in whole or in part. If your scholarship is approved in part, please pay tuition balance or make partial payment with scheduled payments as set forth by the program director.** CaPAA of NEPA may limit scholarships for multiple classes. Scholarships may be denied for those not meeting payment commitment, program requirements, and/or at least 80% attendance for any reason set forth by the staff.

INITIAL TO VERIFY YOU HAVE READ GUIDELINES _____

Parent/ Guardian Signature

Date

FOR OFFICE USE ONLY:

DATE APPROVED: _____ DATE NOTIFIED: _____

CLASS NAME: _____

REGULAR PROGRAM FEE: \$ _____

LESS SCHOLARSHIP: \$ _____

TOTAL FEE: \$ _____

ATTENDANCE: _____ SATISFACTORY _____ FLAGGED