

At the Art Studio Scholarship Application

Income Eligibility Guidelines:

Household income must not exceed the following maximum income requirement based on the applicable household size City of Oswego Affordable Housing Criteria - 2016)

Household Size	Annual Maximum Income Unit	Household Size	Annual Maximum Income Unit
1	21,250	5	37,400
2	27,700	6	40,150
3	31,150	7	42,950
4	34,600	8	45,700

Approval and Scholarship Award Process:

- Please include information on all family members being considered for a scholarship
- Awards may vary from session to session, based on financial need and availability of funds
- Scholarships are awarded in various amounts and may not cover the entire workshop fee
- ATAS may require scholarship applicants to contribute a minimum of \$20 to help offset the cost of materials.
- Incomplete scholarship forms will not be reviewed
- All application information will be kept confidential
- An ATAS staff member will contact you about the scholarship award

Applicants are highly encouraged to apply for scholarships early in order to be considered. The application is **due** one week prior to the start of a workshop. Scholarships may not be considered if received later than one week before a workshop start date.

APPLICANT INFORMATION:

Please type or print neatly in ink. Use additional sheets if necessary

Number of Students Requesting a Scholarship _____

Last Name _____ First Name _____

Child age _____ Grade _____ Name of school _____

Last Name _____ First Name _____

Child age _____ Grade _____ Name of school _____

Last Name _____ First Name _____

Child age _____ Grade _____ Name of school _____

Parent/Guardian #1 Information

Name _____

Street Address _____ City/Zip Code _____

Phone _____ Email Address _____

Parent/Guardian #2 Information

Name _____

Street Address _____ City/Zip Code _____

Phone _____ Email Address _____

REQUIRED:

Annual family income (Adjusted gross income for most recent years) \$ _____

Number of children under 18 living in the home: _____

Number of adults living in the home: _____

Has applicant previously received a scholarship for ATAS workshops?

No ___ Yes ___ If yes, list year/session of last scholarship: _____

Is the student in a free or reduced lunch program at school?

No ___ Reduced ___ Free ___

Please explain any other special circumstances that bear on your need for scholarship assistance

Requesting Scholarship for which session:

___ Fall ___ Winter ___ Spring ___ Summer Session 1 ___ Summer Session 2

Requesting Scholarship for Before and After Care: Please note funds for before and after care are limited and cannot be guaranteed.

___ Before Care ___ After Care ___ Number of days requesting

1. I, undersigned, certify that the information contained in this application is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility to receive a scholarship from At the Art Studio and that any misstatement, fraudulently or negligently made in this or in any other statement made by me may result in the denial of my eligibility to receive a scholarship. Scholarships are awarded for a specific sessions and may not be transferred or deferred.

Parent/Guardian signature

SIGNATURE: _____ DATE: _____

MAIL, FAX, OR EMAIL COMPLETED APPLICATION AND PROOF OF INCOME TO:

Art Department
ATTN: ATAS
202B Tyler Hall
SUNY Oswego
Oswego, NY 13126

Email: atas@oswego.edu Phone: 315-312-4836

Completed applications may also be dropped off at the address above

OFFICE USE ONLY:

DATE _____ SESSION _____ APPROVED _____ WAITLISTED _____ DECLINED _____

COMMENTS: