**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 |

**Proof of Income (Required)**

Please attach one or more of the following documents.

* A copy of the first page of your latest income tax return (1040 form with blacked out Social Security number) indicating total annual income.
* For those who do not file Federal Income Tax, a copy of most recent Supplemental Security Income (SSI) record
* Any documentation from federal, state, county, or local assistance program. Free and reduced school lunch form (if applicable)

**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 two weeks prior to the start of a workshop. Scholarships may not be considered if received fewer than two weeks 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 Addresss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2 Information**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email Addresss\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:**

\_\_\_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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Application Checklist:**

* Completed application form including signature on page 2
* Proof of Income

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

Art Department

ATTN: ATAS

24H Hewitt Union

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: |