



SCHOLARSHIP PROGRAM

Application Form - Summer

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. *Please Note: Should the family need assistance with the administration fee, this fee may be waived.

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.
- 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.

FINANCIAL INFORMATION

How many dependent children are in the household? _____

What are their ages? _____

Is the family... Single Parent Dual Parent
 Single Income Dual Income

What is the total household income?

\$19,999 and below \$20,000 - \$34,999 \$35,000 - \$49,999
 \$50,000 - \$74,999 \$75,000 and up

Is the family receiving social assistance? Yes No

Please provide a detailed explanation as to why financial assistance is required:

PARENT QUESTIONNAIRE

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 person/organization attached?

Yes No*

*If a referral letter is not attached, we ask the referring agency representative to tell us how this applicant would benefit from an arts scholarship and why they are in need of the scholarship.

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 1-9 which week you are available for programs and underline preference.

- | | |
|---|---|
| <input type="radio"/> July 2-4 (half-day OR full-day) | <input type="radio"/> August 5-8 (half-day OR full-day) |
| <input type="radio"/> July 7-11 (half-day OR full-day) | <input type="radio"/> August 11-15 (half-day OR full-day) |
| <input type="radio"/> July 14-18 (half-day OR full-day) | <input type="radio"/> August 18-22 (half-day OR full-day) |
| <input type="radio"/> July 21-25 (half-day OR full-day) | <input type="radio"/> August 25-29 (half-day OR full-day) |
| <input type="radio"/> July 28-August 1 (half-day OR full-day) | |

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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