



# KCYA Community School of the Arts

5601 Wyandotte Kansas City, MO 64113  
Telephone: (816) 531-4022 Fax: (816) 960-1519

## Application for Scholarship 2010-2011

*Scholarships will be administered on a "first-come, first-served" basis to those students demonstrating financial need. Scholarships may be used for 1 group class per student.*

### **Application Dates:**

- Fall scholarship applications will be accepted beginning August 1, 2010
- Spring scholarship applications will be accepted beginning December 15, 2010.
- Summer scholarship applications will be accepted beginning April 15, 2011.

**(No applications will be accepted prior to these dates.)**

**Applications submitted without this information WILL NOT BE PROCESSED.**

### **Scholarship Applications must be complete and include:**

- A. **A completed Enrollment Form.**
- B. **A completed Scholarship Application.**
- C. **Documentation of Financial Need.** One of the following:
  1. The 1<sup>st</sup> page of the IRS 1040 form from 2009
  2. AFDC/TANF award letter
  3. SSI (Based on adult applicant benefits)
  4. Current Unemployment information
- E. **A \$10 per student or \$25 per family Application Fee** which will be applied to the group class fees. (Should you not be awarded scholarship and withdraw from class PRIOR to the first class meeting, this fee will be refunded to you.)

### **Eligibility Requirements**

- Family must be current in it's payments to KCYA. Student must be 18 years of age or younger.
- Student must attend classes regularly to continue receiving scholarship. Parents must volunteer two hours per session.

### **General Information**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Name of Responsible Billing Party:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Name of Responsible Billing Party:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Name of Responsible Billing Party:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Parental Information**

**Mother/Guardian's Name:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
(if different from students)

**Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Work /or Cell Telephone:** \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_ **Home Telephone:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_  
(if different from students)

**Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Work /or Cell Telephone:** \_\_\_\_\_

**Other Dependents**

**Names/ages of "qualifying" dependents in household other than the child(ren) listed above:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

**(For additional dependents, attach separate sheet)**

*"Qualifying" dependent represents:*

*Your son, daughter, adopted child, grandchild, stepchild, or eligible foster child under the age of 19 at the end of 2009. The child may also be your niece or nephew if raised in your home for the entire year. A foster child must have lived in your home for the entire year and placed by an official placement agency.*

**Additional Information**

**\*\*\*\*IMPORTANT: THIS SECTION MUST BE COMPLETED \*\*\*\***

- I/We certify the information provided in this application is true and correct to the best of my/our knowledge.
- I/We understand that failure to truthfully set forth this information could result in loss of financial assistance from Kansas City Young Audiences.
- I/We understand that scholarships funds limited and are available on a "first-come, first-served" basis.

**Signature of Mother/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Father/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_