

# KCYA Community School of the Arts

5601 Wyandotte Kansas City, MO 64113

Telephone: (816) 531-4022 Fax: (816) 960-1519

## Application for Scholarship

**Apply Early:** Scholarships will be administered on a "first-come, first-serve" basis to those students demonstrating the greatest level of financial need. **Applicants must submit the Application for Scholarship along with (1) one of the following records at the time of processing: Most recent IRS 1040, AFDC, SSI** (Based on adult applicant benefits), TANF letter, or current unemployment information. **No other forms will be accepted.** Award notifications will be mailed independently of registration confirmation. Scholarship guidelines **request that in addition to the family contribution, parents volunteer four (4) service hours during the session.**

### **Eligibility Requirements**

Students up to 18 years of age.

### **Applying for financial assistance for (please indicate all that applies)**

Tuition

Instrument Rental

Class Attire

Type of instrument: \_\_\_\_\_

### **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: \_\_\_\_\_

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

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

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

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

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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

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

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

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

Business Address: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**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 2003. 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.

**Financial Information**

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

Parent/Guardian(s) Adjusted Gross Income (from your most recent IRS 1040): \$ \_\_\_\_\_

**Please attach a copy of your 2007 IRS 1040, AFDC, SSI or current unemployment information.**  
**Applications submitted without this information WILL NOT BE PROCESSED.**

- 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 are available on a "first-come, first-serve" basis.
- I/We have attached a copy of the IRS 1040, AFDC, SSI or current unemployment information.

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

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