

# 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 one of the following in order for this application to be processed:**

- ✓ **The 1<sup>st</sup> page of the most recent IRS 1040 form**
- ✓ **AFDC/TANF award letter**
- ✓ **SSI (Based on adult applicant benefits)**
- ✓ **Current Unemployment information**

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

**No other forms will be accepted.** Award notifications will be sent by mail. 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:** \_\_\_\_\_

### Parental Information

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

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

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

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

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

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

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

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

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 2008. 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 \*\*\*\***

- 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: \_\_\_\_\_