

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

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 2003 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: _____