



KANSAS CITY YOUNG AUDIENCES
Community School of the Arts
3732 Main Street Kansas City, MO 64111
Telephone: (816) 531-4022 Fax: (816) 960-1519

Application for Scholarship 2017-2018

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 July 31, 2017

Spring scholarship applications will be accepted beginning December 11, 2017

Summer scholarship applications will be accepted beginning April 2, 2018

(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 1st page of the IRS 1040 form from the most recent tax filing
2. AFDC/TANF award letter
3. SSI (Based on adult applicant benefits)
4. Current Unemployment information

Eligibility Requirements

Family must be current in its 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: _____

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Home Address: _____ **City/State/Zip:** _____

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Billing Address: _____

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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 student)
Employer: _____
Business Address: _____ **Work /or Cell Telephone:** _____

Father/Guardian's Name: _____ **Home Telephone:** _____
Social Security No.: _____
Address: _____ **City/State/Zip:** _____
(if different from student)
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 2014. 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:** _____