



APPLICATION FOR SCHOLARSHIP

 An Affiliate of Young Audiences Arts for Learning

Scholarships will be awarded on a "first-come, first-served" basis to those students demonstrating financial need. Scholarships may be used for 1 group class per student. Scholarship Applications may be submitted in person, via email: LJackson@kcya.org, or by fax: 816.960.1519

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.

TODAY'S DATE:

SESSION FOR WHICH YOU ARE APPLYING: WINTER SPRING SUMMER FALL

GENERAL INFORMATION

Student(s) Home Address:

City: _____ State: _____ Zip: _____

Student #1:

Date of Birth: _____ Gender: _____

Is this Student New to KCYA? yes no Ethnicity: _____

Name of Class/Camp: _____ Listed Price: _____

Day of the week (for classes) / Dates (for camps): _____

Student #2:

Date of Birth: _____ Gender: _____

Is this Student New to KCYA? yes no Ethnicity: _____

Name of Class/Camp: _____ Listed Price: _____

Day of the week (for classes) / Dates (for camps): _____

Student #3:

Date of Birth: _____ Gender: _____

Is this Student New to KCYA? yes no Ethnicity: _____

Name of Class/Camp: _____ Listed Price: _____

Day of the week (for classes) / Dates (for camps): _____

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PARENTAL INFORMATION

Mother/Guardian Name:	Phone:	
Email Address:	2nd Phone:	
Address (if different from student):		
City:	State:	Zip:
Employer:		

Father/Guardian Name:	Phone:	
Email Address:	2nd Phone:	
Address (if different from student):		
City:	State:	Zip:
Employer:		

OTHER DEPENDENTS

Please list the names and ages of qualifying dependents in household other than the child(ren) listed above:

Qualifying dependent represents: Your son, daughter, adopted child, grandchild, stepchild, or eligible foster child under the age of 19 at the end of the year. 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.

DOCUMENTATION OF FINANCIAL NEED

In order for your application to be processed you must submit Documentation of Financial Need.

Please submit one of the following:

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

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 Responsible Party _____ Date _____

Upon receipt of application and documentation, KCYA will review application and inform you of approval via phone within three business days. For questions or concerns, please contact the office. 816.531.4022