



<p><b><u>Application Due Dates</u></b></p> <p>Summer Semester: May 1<sup>st</sup></p> <p>Fall Semester: July 15<sup>th</sup></p> <p>Spring Semester: November 25<sup>th</sup></p>
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**FINANCIAL ASSISTANCE APPLICATION**

Applications will be considered on a case-by-case basis, and are awarded based on financial need. You will be notified via email as soon as decisions are made. A limited number of scholarships are available each semester and there is no guarantee of award.

Student Name \_\_\_\_\_

Semester applying for     Spring     Summer     Fall

List all programs you are applying for \_\_\_\_\_

\_\_\_\_\_

Date of Application \_\_\_\_\_ Total number of dependent children in household \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade (rising if summer program) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Please answer the following questions and attach an extra page if necessary.**

Reason for applying for financial assistance, including any extenuating circumstances.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your/your child’s interest in and enthusiasm for the specific program for which you are applying. Include any previous experiences, classes taken, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received financial assistance for other programs in the past? If so, from where?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am attaching proof of income to this application; front page of last year’s tax return form 1040, 1040A or 1040EZ and/or a letter from Social Service Agency, Social Security Administration, Unemployment Office or other documentation of income. *(Redact all social security numbers.)* If married and filing separately, a copy of both parents return must be included. **Application will not be considered without all applicable documents.**

I am attaching/sending a teacher recommendation letter for my child. **(Application will not be considered without this)**

**Please complete this form and mail to the Academy with the proof of income and all necessary documents.**

Mason Community Arts Academy / AFYP  
Attn: Scholarships  
4260 Chain Bridge Rd  
Fairfax, VA 22030  
  
You may also scan and email to [academy@gmu.edu](mailto:academy@gmu.edu)  
Or fax all documents to 703-359-1209

Note: Scholarship recipients are expected to attend all classes and/or lessons or funds may be rescinded.

**WAIVER**

*Upon acceptance of this scholarship, you agree to the following waiver: In consideration of my [and/or my child(s)] participation in this activity, I hereby release and discharge the Organization, and its representatives, successors, and assigns, from any and all liability arising from accident, injury, and illness that I he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by the Organization and above named parties.*

*I do hereby grant and give this organization the right to use my and or my child(s) photograph/video or image, both singly and in conjunction with other persons or objects and presentations, advertising, publicity, and promotion relating thereto.*

*Further, I agree to submit a one paragraph (or more) summary of my experience at Mason Community Arts Academy, no longer than one month after the end of the class or semester, as a result of receiving this financial assistance.*

*Parent or guardian must sign for anyone age 18 and under.*

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

