



<p><b>APPLICATION DUE DATES</b></p> <p>Summer Semester: May 15          Fall Semester: August 15          Spring Semester: December 1</p>
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**FINANCIAL ASSISTANCE APPLICATION**

Applications are considered on a case-by-case basis and are awarded based on financial need. A limited number of scholarships are available each semester and there is no guarantee of receiving an award. Applicants will be notified by email regarding award decisions. Applicants who receive assistance are subject to an Academy Scholarship Lifetime Maximum of \$5,000 per family.

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 including proof of income with this application; front page of last year's tax return form 1040, 1040A or 1040EZ (*If married and filing separately, a copy of both parent returns must be included*) and/or a letter from Social Service Agency, Social Security Administration, Unemployment Office or other documentation of income. **IMPORTANT:** Please redact all social security numbers.

I am including a teacher recommendation letter for my child.

**INCOMPLETE APPLICATIONS OR FINANCIAL DOCUMENTS WITHOUT REDACTED SOCIAL SECURITY NUMBERS WILL NOT BE CONSIDERED.**

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**Please complete this application and scan/email all required documents to [academy@gmu.edu](mailto:academy@gmu.edu).**

**Complete application and documents may also be mailed to the Academy:**

Mason Community Arts Academy  
Attn: Scholarships  
4260 Chain Bridge Rd  
Fairfax, VA 22030

**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.*

*I understand that by applying for scholarship, I am aware of the Academy Scholarship Lifetime Maximum of \$5,000 per family. Scholarship recipients are expected to attend all classes and/or lessons or funds may be rescinded.*

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

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

Date \_\_\_\_\_

