



APPLICATION DUE DATES
Summer Semester: May 15
Fall Semester: August 15
Spring Semester: December 1

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. Private lesson scholarships may only be applied to 30 or 45 minute lessons and students are required to pay for initial trial lesson fee with instructor. 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 Program Applying For (*private lesson scholarships may only be applied to 30 or 45 minute lessons*):

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.

Please complete this application and scan/email all required documents to 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 _____

