



APPLICATION FOR FINANCIAL AID

Financial aid is available on a limited basis. The amount provided is determined by family need and the amount of aid remaining at the time the Chaffee Art Center receives your application. Registration is advised prior to financial aid approval as space may be limited.

PROGRAM SESSION DATE(s): _____

Name of Participant: _____ Name of Parent/Guardian: _____

Please answer all questions on this form. This helps us grant financial aid quickly and fairly. Questions, call 802.775.0356.

1. Does your child receive free/reduced cost lunch at her school? No ___ Yes: Free lunch ___ Yes: Reduced lunch ___

2. Do you receive support from the Department of Children & Families, Economic Services Division (ESD)? No / Yes
This includes Food Stamps and TANF support No / Yes 3SquaresVT No / Yes Reach Up No / Yes

3. What is your monthly household income? \$ _____

4. How many household members are dependent on this income? # _____

5. How many of these household members are under 18 years of age? # _____

6. Please check all that apply:

- One or more family members have a disability or have been ill
- One or more adults is unemployed or under-employed
- Financial difficulty related to divorce or separation
- One or more adults is a college student or studying for a GED
- Debt payments that are difficult to meet
- Mortgage is more than 30% of income
- Credit card payments
- Student loan debt
- We cannot afford the tuition without help

7. Is there anything else you would like us to know in determining financial assistance?

ALL QUESTIONS ON THIS FORM MUST BE ANSWERED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.

Although we cannot guarantee financial assistance will equal your request, you must answer this question in order for us to process your application. What is the maximum you feel you could pay towards the total fee? \$ _____

A deposit of \$50.00 is due when you submit this application. If you are unable to afford the full \$50, please circle what you can afford to pay as a deposit. Please circle one: \$0 \$5 \$10 \$20 \$30 \$40

Checks payable to: Chaffee Art Center, 16 South Main Street, Rutland VT 05701 / info@chaffeeartcenter.org
Mail or deliver to the address above.

Parent/Guardian Signature Date

All information on this form will be kept confidential and will be used solely to determine financial aid award.