



Capitol Hill Arts Workshop Financial Aid Form

For this application to be considered, a **copy of your pay stub and IRS return** must accompany this form. All blanks must also be filled out on both sides of this sheet. **Incomplete forms will not be processed.**

STUDENT INFORMATION (Check all that apply)

Date _____

New student Returning student I have received financial aid from CHAW before

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Day Phone _____

Email _____ Cell Phone _____

PARENT/GUARDIAN INFORMATION (For youth classes only)

Name #1 _____ Relationship _____

Home Phone _____ Day Phone _____

Email _____

Employer _____ Phone _____

Name #2 _____ Relationship _____

Home Phone _____ Day Phone _____

Email _____

Employer _____ Phone _____

Which parent has financial responsibility? Name #1 Name #2 Both

INCOME & EXPENSE (Please attach a copy of your most recent pay stub & your IRS tax return)

Annual total gross income for household \$ _____

Number of people supported by this income \$ _____

Monthly housing cost \$ _____

Tuition payment for student's school (if applicable) \$ _____

Estimated monthly bills \$ _____

Additional expenses \$ _____

Do you receive any other allotment of monies from agencies representing:

Public assistance \$ _____

Social Security/Disability \$ _____

Child support \$ _____

Housing \$ _____

Other income \$ _____

COURSE SELECTION (In order of priority)

ID# _____ Course _____ Tuition _____

ID# _____ Course _____ Tuition _____

ID# _____ Course _____ Tuition _____

ID# _____ Course _____ Tuition _____

ID# _____ Course _____ Tuition _____

FINANCIAL AID REQUESTED (Please note that we are rarely able to cover 100% of tuition)

Total class tuition \$ _____

I am able to contribute the following amount \$ _____

I request the following amount of aid \$ _____

If you have extenuating circumstances, please attach explanation.

YOUTH CLASSES ONLY

I understand that my child is expected to respect the faculty, staff and students and follow the rules of the Capitol Hill Arts Workshop. I give permission for him/her to attend class and release the Capitol Hill Arts Workshop, its officials, employees, agents and assigns from any and all claims and liability (including but not limited to liability for personal injury, illness, and property damage) arising out of or occurring by reason of his/her participation in attendance at classes, instruction, performance, or other activities at the Arts Workshop. I understand that any failure to pay my agreed-upon amount, or any bounced check, will be a violation of this agreement and my child will be dismissed from the program.

Parent signature _____ Date _____

ALL APPLICANTS

- Financial assistance covers tuition for one semester and is only applicable to the semester in which it is awarded. You must complete a new form each semester.
- The Capitol Hill Arts Workshop does not discriminate on the basis of race, creed, national origin, sexual orientation or ability in awarding financial aid.
- Aid is given according to demonstrated need and available funds and has no cash value.
- Funds are provided by the fundraising efforts of the Workshop's Board of Directors.
- If this application is accepted, it is required that the student attend class regularly.

Signature _____ Date _____

Have you: Completely filled out form Included pay stub Included tax return form

Please return form to Capitol Hill Arts Workshop, 545 7th Street, SE, Washington, DC 20003 or fax to (202) 543-1723.

OFFICE USE ONLY _____

Date Received _____ Date Processed _____ Date Notified _____

Workshop pays _____ Applicant pays _____

Applicant Accepts Applicant Declines

Payment Plan _____

Director's Signature _____