



PARAMOUNT SCHOOL OF THE ARTS

8 East Galena Blvd. Ste. 230 Aurora, IL 60506 * 609-896-6810* school@paramountarts.com

PSA Scholarship Application Summer 2019

STUDENT INFORMATION			
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
EMAIL	RACE/ETHNICITY (OPTIONAL)	Gender Identity	AGE AS OF 8/1/2018
STREET ADDRESS		CITY	STATE
ZIP	HOME PHONE	CELLPHONE	
SCHOOL(S) ATTENDING (if homeschooled, please note that)		SCHOOL GRADE FOR FALL 2018	
DO YOU RECEIVE FREE/REDUCED LUNCH? (CIRCLE ONE) YES NO N/A		DOES YOUR SCHOOL PROVIDE THEATER CLASSES?	

Please list all classes/camps for which you are requesting scholarship assistance below		
Class Title	Class Dates	Tuition Cost
<i>Ex. Theatre Exploration Camp</i>	<i>July 8-12, 2019</i>	<i>\$220</i>
Total Tuition Cost:		
HOW MUCH CAN YOU AFFORD TO PAY OF THE TUITION (circle one) 15% 30% 45% 75% Total:_____		
Have you already enrolled in the classes above? (circle one) YES NO		

PARENT/LEGAL GUARDIAN INFORMATION			
PARENT/GUARDIAN 1 LAST NAME	PARENT/GUARDIAN 1 FIRST NAME	M.I.	HOME PHONE
PLACE OF EMPLOYMENT	OCCUPATION	WORK PHONE	CELLPHONE
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED			AVERAGE MONTHLY GROSS PAY:
PARENT/GUARDIAN 2 LAST NAME	PARENT/GUARDIAN 2 FIRST NAME	M.I.	MAIN PHONE
PLACE OF EMPLOYMENT	OCCUPATION	WORKPHONE	CELLPHONE
CHECK ONE: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED			AVERAGE MONTHLY GROSS PAY:
WHO HOLDS PRIMARY CUSTODY?		NUMBER OF DEPENDENTS IN HOUSEHOLD	
HOW DID YOU HEAR ABOUT PSA? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Current PSA Student <input type="checkbox"/> Facebook <input type="checkbox"/> Email <input type="checkbox"/> Paramount Website <input type="checkbox"/> Event <input type="checkbox"/> Walk-in <input type="checkbox"/> Instagram <input type="checkbox"/> Flyer <input type="checkbox"/> Referral <input type="checkbox"/> Other: _____			
FINANCIAL INFORMATION			
NO. OF FAMILY MEMBERS INCLUDING SELF:			
TOTAL GROSS HOUSEHOLD INCOME/ MONTH (including income from job(s), child support, alimony, veteran's benefits, unemployment assistance, social security, and any other government assistance. ADDITIONAL INCOME SOURCES (child support, alimony, veteran's benefits, disability, social security, etc.)			
AVERAGE MONTHLY HOUSEHOLD EXPENSES (expenses include housing, insurance, transportation, medical, utilities, etc.)			

ACKNOWLEDGMENT

I certify that all of the information stated on this application is true and correct. I understand that in order for my application to be considered, I must complete this application in full. I authorize Paramount School of the Arts to verify any information included in this application, including income and employment status. I understand if my financial circumstances change during the scholarship award period, I will notify PSA of the change.

Submission of this application does not promise a scholarship award. The amount and term of all awards are made at the sole discretion of Paramount School of the Arts. Any falsifications of information included in this application will result in the immediate termination of any scholarship award. All scholarship awards are made based on availability of funds in the Paramount School of the Arts budget, and may be modified or terminated at any time at Paramount School of the Arts' discretion.

STUDENT NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (please print): _____

FOR OFFICE USE ONLY

Date Received: _____

In Person Email Mail

Amount Awarded: _____ Date Entered: _____ Award Notification Sent Date: _____

STUDENT NAME: _____

STATEMENT OF IMPACT

1. Tell us why you want to study at Paramount School of the arts. What do you hope to learn? What are your future artistic goals?

2. Why are the arts important to you?

3. What would it mean to receive a scholarship award?

4. List any professional and/or amateur appearances and groups you have performed with

5. List any previous performing arts instruction

STUDENT NAME(S): _____

DOCUMENTATION

The following documentation must be included with this application in order to be considered for a scholarship award:

_____ Application Form

_____ Statement of Need

_____ **References:** All student must provide a reference from an adult who is not a family member, such as a coach, school teacher, religious education teacher, or day care provider. Current Paramount School of the Arts Students must provide a reference from their current PSA teacher.

FINANCIAL DOCUMENTS: These are **OPTIONAL** forms you may include to support your application. It is not a requirement to share these documents.

_____ **Most recent federal tax return(s) (Form 1040, 1040A, OR 1040-EZ, and all schedules)**
If tax status is MARRIED FILING SEPARATE, both parents' tax returns should be submitted
If tax status is SINGLE, parent should have primary custody of children and be main source of support

_____ **All W-2 and 1099 forms that document the income reported on the Federal tax return**
If self-employed, Schedule C or Schedule C-EZ should be submitted to support income reported on the return

_____ **Two (2) most recent paycheck stubs (if employed)**
If all parents are employed and live together, paycheck stubs for both can be submitted.
If primary custody is held by only one person, paycheck stubs for only the custodial parent/guardian can be submitted.

_____ **Government assistance documentation (if applicable)**
If receiving cash aid or food stamps, submit most recent pay stub (usually yellow) and/or Notice of Action (report of quarterly assistance)

PLEASE PROVIDE ONE (1) COPY OF THE REQUESTED DOCUMENTS WITH THIS APPLICATION

DO NOT SUBMIT ORIGINALS OF FINANCIAL DOCUMENTS

ALL DOCUMENTS SUBMITTED WITH THIS APPLICATION WILL BE RETAINED BY PSA

Return in person or by mail to:
Scholarship Program
Paramount School of the Arts
8 E. Galena Blvd., Ste. 230
Aurora, IL 60506

Or by email to:
shannonc@paramountarts.com

Subject: "STUDENT NAME Scholarship App Summer 2019"