



## SCHOLARSHIP INFORMATION

Thank you for your interest in CCArts scholarship program. We strive to ensure that artists of all ages and abilities can gather, connect, and create with us year-round. Below you will find information outlining our scholarship application requirements and process. Please reach out to us at 302-239-2434 or [info@ccarts.org](mailto:info@ccarts.org) if you have any questions or need assistance filling out the form.

### **Influential Factors:**

**Awards for scholarships are mainly based upon three factors:**

- Income
- Family Size
- Number of family members to be considered for scholarship

The greatest determinant of a potential scholarship award is family income. The guidelines for consideration are based upon the Poverty Guidelines updated and published annually by the US Department of Health and Human Services (see <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines> or the attached guidelines for details). These guidelines are simplified poverty thresholds used for determining financial eligibility for some federal programs.

If an applicant's income is below the HHS Guidelines, the applicant is eligible for financial aid. If an applicant's income exceeds the Guidelines, the chance of financial aid diminishes, but still may be possible. We still encourage you to apply.

### **The other areas affecting awards include:**

- Student's passion for the visual and/or performing arts.
- The number of family members applying for enrollment in CCArts' programs at the same time
- Hardship, such as job loss or recent disability, or documentation of assistance (food stamps, school lunch program, etc.)
- Returning students.

In order to serve as many students as possible, CCArts may not be able to fund all applicants at 100%. We ask that you make a note on the application (where asked) if you will accept partial scholarships.

### **Requirements:**

**The applicant MUST provide:**

- Completed Scholarship Application Form.
- A copy of the previous year's income tax return or 3 months of pay stubs from employment all wage earners in the household.
- Student Statement: a brief statement from students explaining why they want to attend class or camp at CCArts. This may include artwork samples if desired. These materials will not be returned.
- Family Narrative: A letter to CCArts explaining the applicant's circumstances if there is something unique about your situation, you'd like to share with CCArts to help the committee make their decision.
- After participation in our program: Scholarship awardees will be asked to provide a testimonial about their experience receiving a scholarship which may be used anonymously in our promotional efforts to promote the scholarship program.

### **Award Process:**

The Scholarship Committee will make the awards decisions. Applicants will be notified of the Committee's decision by phone or email. Early submissions may receive early notification at the discretion of the reviewing committee. All financial information submitted will be kept confidential and only shared with the Scholarship Committee. CCArts will keep all scholarship application information confidential and only disclose necessary portions to senior staff. From time to time, funders require CCArts to report on use of scholarship funds. If confidential information is required by funders, CCArts will obtain permission of student/family before releasing information.



## SCHOLARSHIP APPLICATION

### Instructions for completing this form:

- Step 1: Complete Application including family narrative & student's statement.
- Step 2: Please attach verification of employment or any other source of income.  
OR a copy of your most recent income tax statement.

**(Your application will not be processed without the above documentation.)**

Step 3: Hand deliver completed application with supporting materials to:  
 Center for the Creative Arts  
 410 Upper Snuff Mill Row  
 Yorklyn, DE 19736

OR mail the completed application with supporting documentation to:  
 Center for the Creative Arts  
 PO Box 146  
 1149 Yorklyn Rd.  
 Yorklyn, DE 19736-0146

OR e-mail application and supporting documents to: [info@ccarts.org](mailto:info@ccarts.org)

Questions: Call the CCARTS Program Director at 302-239-2434 during regular hours, M-F, 9am-6pm, Sat., 9am-1pm.

Please complete the following application. If an item does not apply to your situation, please indicate N/A for "not applicable". This information will be used only to evaluate financial need and will be held in the strictest confidence.

### Applicant Information

Please submit this information for each student if applying for more than one: Date: \_\_\_\_\_

Name of Student #1: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Student #2: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Student #3: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of Student #4: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

### Parent or Guardian Information

Parent or Guardian Name #1 \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Name #2 \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Family members who are dependent on total household income:

Name(s)	Birth Date	Relationship(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use the reverse side if necessary for additional information.

### Income Information

Gross salary, before taxes, for the year reported at the end of 2023. Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_

Employer's name: Parent #1: \_\_\_\_\_ Parent #2: \_\_\_\_\_

Amount/source of any other household income (include child support, alimony, disability, food stamps, etc.):  
\_\_\_\_\_

Please list current weekly wages for parents combined: \_\_\_\_\_

### Registration Information

Please list the class or camp you are interested in for yourself or your student.

Student Name	Class/Camp Name	Semester	Class/Camp Date(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does student have any allergies or medical conditions that we should be aware of?  YES  NO If so, please describe  
\_\_\_\_\_  
\_\_\_\_\_

If applying for summer camp, will the student need extended care?  AM (8am-9am)  PM (3pm-5:30pm)  BOTH

### Co-Pay Amount

What is the maximum amount you are able to contribute to class, camp and material fees? \_\_\_\_\_

Would you prefer to use a timed payment plan of 25% deposit upon registering, 50% on first day of class, 25% at end of class?  YES  NO

Would you be willing to volunteer at CCArts events or during camp?  YES  NO

**To the best of my knowledge, the information I have given is true and correct:**

\_\_\_\_\_  
Parent or Guardian #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian #2 Signature

\_\_\_\_\_  
Date

Checklist for submitting scholarship application:

- Application form
- Income verification: last year's tax return OR pay stub from 3 months, chosen from the last six months of employment.
- Family Narrative
- Student Statement

**U.S. Federal Poverty Guidelines Used to Determine Financial Eligibility for Certain Programs**

**HHS Poverty Guidelines for 2024**

**2024 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA**

Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,440
3	\$25,820
4	\$31,200
5	\$36,580
6	\$41,960
7	\$47,340
8	\$52,720

. For families/households with more than 8 persons, add \$5,380 for each additional person