



2018/2019 SCHOLARSHIP APPLICATION

Approved Scholarships will be granted for partial tuition that will not exceed 50%.

Name of Applicant: _____

Name of Applicant Parent or Guardian if under 18 _____

Mailing Address: _____
City State Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____

Class/Program applying for: _____

Tuition Fee: _____ Amount are you able to pay: _____

Is this for a child? _____

If yes, please provide Date of Birth: _____

Additional Class/Program applying for: _____

Tuition Fee: _____ Amount are you able to pay: _____

Is this for a child? _____

If yes, please provide Date of Birth: _____

Number of household members for whom you are responsible: Adults ____ Children ____

Please explain the financial reasons the scholarship is needed, and/or other factors which would help our determination:

Next Page

Please attach the first two pages of the most recently filed 1040 Federal tax return (1040EZ, 1040A or 1040). **If the scholarship is for a minor, the tax return has to be from the Parent or Guardian who claims the Scholarship Applicant as a dependent on their tax return.** No schedules or attachments are needed. *Social security numbers will be blacked out.*

Attach any additional information or extra pages if necessary to explain your financial situation. If taxes are not filed, provide copies of all household income such as social security, unemployment compensation, food stamps, TANF, etc.

Thank you for applying and know that any information gathered during this process will be kept in the strictest confidence within the offices of Eastern Shore's Own Arts Center. You will be notified once the Scholarship Committee has made a decision. Decisions are based on household income compared to the 2017 Federal Poverty Guidelines. ESO considers those with household income at 150% or less of the poverty level to be eligible for a scholarship. A copy of the 2017 Federal Poverty Guidelines will be provided to you upon request.

By signing below, the applicant is acknowledging that all information submitted is true, and all income sources have been fully disclosed.

ONLY THOSE APPLICATIONS FILLED OUT COMPLETELY AND WITH INCOME VERIFICATIONS WILL BE CONSIDERED.

Applicant Signature

Date

Scholarship Committee Review Date _____ Approved : % of Tuition _____

Disapproved: Reason: _____

Scholarships are partially funded by:

Committee Rep: _____



ESO Arts Center
P.O. Box 147
Belle Haven, Virginia 23306
exec@esoartscenter.org
(757)442-3226