



Schack Art Center Youth/Teen Art Classes - Scholarship Application

It is part of the mission of Schack Art Center to offer assistance to youth and teens, regardless of abilities, the opportunity to participate in diverse, challenging, and high quality visual art programs that are accessible and affordable. As funding allows we provide scholarships to those who might not be able to participate because of income level.

General Policies & Guidelines:

- To be eligible for a scholarship you must meet the Family Income Guidelines (see second page). You will be required to submit proof of income. This will only be used for determining eligibility.
- Age limit for scholarship eligibility: youth and teens, ages 6-18 years (through high school).
- Based on available funds, most scholarships cover 50% of tuition only. Supply fees/material fees are not covered.
- Qualified applicants will receive a reduction of a single class/workshop tuition fee. Applicant will be required to pay the difference of the class registration at time of registering. Scholarships average 50% of class tuition.
- Applicants meeting the eligibility guidelines may be awarded one scholarship per quarter, based on availability.
- Submit application at least 4 weeks prior to start date of desired class/workshop to allow for processing.

How to apply:

- Complete the application.
- Enclose proof of income as required from ONE of the following sources: copy of your child/teen's free or reduced lunch letter, letter from DSHS explaining current assistance status, or previous year's income tax return.
- Return the application to: **Schack Art Center, Attn: Shannon Tipple-Leen**, 2921 Hoyt Ave, Everett, WA 98201.

Need assistance with your application? Contact Shannon Tipple-Leen, 425-259-5050, ex. 24.
Email: stipple-leen@schack.org



Schack Art Center Youth/Teen Scholarships: Family Income Guidelines*

Family Size	Gross Family Yearly Income
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,225
7	\$67,951
8	\$75,647

***Updated 6/2016**

Based on DSHS Needs Standards for Cash Assistance and school district guidelines for free/reduced lunches

Please provide all requested information below.**

Name (head of household requesting funds) _____

Address _____ City _____ Zip _____

Day phone _____ Evening phone _____ Email _____

Total household monthly gross income _____

Name, age and year in school of student requesting scholarship:

Schack Art Center class/date(s) of requested class (be specific): _____

I certify that all of the above is true and correct and that all income is reported. I understand that this information is being given for the receipt of financial aid; and that Schack Art Center staff may verify the information on the application.

Head of Household Signature _____ Date _____

****Applications cannot be processed without proof of income.**

For Schack Art Center Use	Approved _____	Denied _____	Date _____
Supervisor signature _____	Terms of approval _____		