

FINANCIAL AID APPLICATION

The Art Center Highland Park offers need-based financial aid to qualified students and families. Scholarships are awarded based on funding availability. Early submission is highly encouraged. Scholarships are awarded regardless of age. To apply, complete the form in full and return it to the front desk or by email at info@theartcenterhp.org. Please contact 847-432-1888 with any questions.

I certify that the information I am providing below is true: _____ (initials)

APPLICANT/ STUDENT INFORMATION						
(Student's Name	e)	(;	Street/Ci	ity/State/Zip)		
(Age)	(School, if minor))			((Grade, if minor)
Have you taken	a class at TACHP b	pefore?	Have yo	ou received a	TACHP scholar	ship before?
What special acc	commodations, if ar	ny, do you require to	particip	pate in class?		
How did you he	ar about our scholar	rship program and us	s?_			
Why are you int	erested in taking a c	class at TACHP?				
What do you ho	pe the student will §	gain from attending a	a class at	t TACHP?		
For statistical ar	nd funding reporting	g, please select the ca	ategory t	that best applie	es to you:	
African America	an/Black Asia	an Caucasian/W	Vhite	Latin Amer	ican/Hispanic	Other:
PARENT/	GUARDIAN	N CONTACT	INF	ORMATI	ON for ap	plicants (If minor)
(Parent/Guardia	n Name)				(Occupation	n)
(Street/City/Sta	te/Zip (If different f	from above)				
(Phone)	one) (Email address)					
FINANCL	AL INFORM	IATION				
		for accuracy of fina child's own financia				perate on a system of trust,
What was your l	household approxin	nate annual income l	last year	? \$		
Number of resid	lence in household (currently?				



CLASS INFORMATION

Which class would you l	like to take? Must list three choices.		
1st Choice Class Title:	Class Code:	Day:	Time:
Class Price:	How much can you pay?		
2nd Choice Class Title:	Class Code:	Day:	Time:
Class Price:	How much can you pay?:		
3rd Choice Class Title:	Class Code:	Day:	Time:
Class Price:	How much can you pay?		
 Completed application I understand that act A \$50.00 admin feet 	AUST BE FILLED OUT COMPLETELY. In ations must be submitted by March 15, 2 dult students/guardians of children granted be is required of all scholarship recipients. Lip can be awarded per student per session.	2021.	
Signature Sign Here			Date
If you are unable to	accept the scholarship for any reason,	please notify the of	fice before the start of class.
(For office use only. Please	e do not write below this line)		
Date Received	Date of D	Decision	
Class			
Class Price			
Scholarship Amount			
Student to pay			