

SPRING 2024 Scholarship Application
Deadline is MARCH 25, 2024



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) (Street/City/State/Zip)

(Age) (School, if minor) (Grade, if minor)

(Phone) (Email address)

Have you taken a class at TACHP before? _____ Have you received a TACHP scholarship before? _____

What special accommodations, if any, do you require to participate in class? _____

How did you hear about our scholarship program and us? _____

Why are you interested in taking a class at TACHP? _____

What do you hope the student will gain from attending a class at TACHP? _____

For statistical and funding reporting, please select the category that best applies to you:

African American/Black Asian Caucasian/White Latin American/Hispanic Other: _____

PARENT/ GUARDIAN CONTACT INFORMATION for applicants (If minor)

(Parent/Guardian Name) (Occupation)

(Street/City/State/Zip (If different from above)

(Phone) (Email address)

FINANCIAL INFORMATION

We may check random applications for accuracy of financial reporting, however, we mostly operate on a system of trust, asking you to evaluate your or your child's own financial situation and ability to pay tuition.

What was your household approximate annual income last year? \$ _____

Number of residence in household currently? _____

MARCH 2024 Scholarship Application
Deadline is MARCH 2, 2024



CLASS INFORMATION

Which class would you 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? _____

AUTHORIZATION

Please Read Scholarship Recipient Obligations and Sign Below:

- APPLICATION MUST BE FILLED OUT COMPLETELY. Incomplete applications will be returned.
- Completed applications must be submitted by MARCH 25, 2024
- I understand that adult students/guardians of children granted scholarships may be asked to volunteer at TACHP.
- A \$50.00 admin fee is required of all scholarship recipients.
- Only one scholarship can be awarded per student per session.

Signature _____ Date _____

If you are unable to accept the scholarship for any reason, please notify the office before the start of class.

(For office use only. Please do not write below this line)

Date Received _____

Date of Decision _____

Class _____

Class Price _____

Scholarship Amount _____

Student to pay _____