

**FALL 2024 Scholarship Application  
Deadline is August 30, 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](mailto: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? \_\_\_\_\_

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**CLASS INFORMATION**

Which class/camp would you like to take? **Must list three choices.**

1<sup>st</sup> Choice

Class Title: \_\_\_\_\_ Class Code: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Price: \_\_\_\_\_ How much can you pay? \_\_\_\_\_

2<sup>nd</sup> Choice

Class Title: \_\_\_\_\_ Class Code: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Class Price: \_\_\_\_\_ How much can you pay?: \_\_\_\_\_

3<sup>rd</sup> 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 **August 30, 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 \_\_\_\_\_