



Thank you for your interest in Holmes Center for the Arts classes and programs. We have a limited amount of financial assistance available to students who are not able to pay full fees for the Holmes Center for the Arts classes. To apply for financial assistance, please bring or mail all the following information to the Holmes Center for the Arts.

1. Completed financial assistance application.
2. A copy of your latest federal income tax return. If you do not file federal income taxes, please call 1-800-TAX-FORM (1-800-829-3676) for a verification letter.
3. Two most recent paycheck stubs or letter from your employer verifying your employment and stating your annual salary. If you are unemployed, draw social security or are a full-time student, please provide a summary of your unemployment benefits, SSI paperwork, or financial aid benefits and student schedule.

Please mark out all social security numbers, tax ID numbers and/ or credit card numbers before submitting any paperwork. Bring or mail all completed forms and necessary paperwork to the Holmes Center for the Arts. Be sure to include all of the needed items and paperwork, as missing documentation will slow down the application evaluation process. You will receive an email within two weeks regarding your qualification and next steps. If you are mailing your forms, please send to:

Holmes Center for the Arts
5200 State Route 39
Millersburg, OH 44654

We look forward to serving you.

Sincerely,

Holmes Center for the Arts Board of Directors
and
Scholarship Committee

Financial Assistance Application

Scholarship availability varies. All financial assistance is granted based on income and need at the time of our review process. If we are unable to provide you with assistance at this time, we will put you on a waiting list for when future scholarships are available. All information is kept confidential.

Name of who scholarship will be for: _____

☐ New Application ☐ Renewal Date _____

Classes student desires to take: _____

Duration of these classes: _____

Birth Date _____

Address _____

City/State/Zip _____

Phone # _____

Mobile # _____

Email _____

School (if applicable) _____

Grade in school _____

Parental Information (if applicable)

Mother's Name (if applicable) _____

Address _____

City/State/Zip _____

Phone # _____

Mobile # _____

Email _____

Employer _____

Occupation _____

Length of Employment _____

Father's Name (if applicable) _____

Address _____

City/State/Zip _____

Phone # _____

Mobile # _____

Email _____

Employer _____

Occupation _____

Length of Employment _____

Please share why you are applying for financial assistance:

How do you think you will benefit from the class(es) you plan to sign up for at the Holmes Center for the Arts? What do you think you will enjoy about these classes?

Spouse and Dependents living at Home (Tax Forms must reflect those listed below):

Dependents (age 22 and under) may include children, foster children, grandchildren and other children for whom the adult is guardian and is tax dependent **

Name	Birthdate	Employer/School	Gender	Relationship
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Please itemize your gross annual household income. Documentation is required. Submit your completed Financial Assistance Application with the following:

1. Current year's Federal Tax Return (Form 1040 pages 1 and 2 only; or 1040EZ)
2. Copies of your last two paycheck stubs OR a letter from your employer stating your annual salary
3. Copies of any supporting documentation listed in the above annual salary line items

☐ I do not file a federal Tax return based on federal government income guidelines.

	Your Income	Spouse's Income	Total Income
Salary, wages, and tips			
Unemployment compensation			
Social Security compensation			
Child Support			
Aid for Dependent Children			
Food Stamps			
401(k) Retirement			
Alimony			
School loan income			
Housing allowance			
Other			
TOTAL ANNUAL INCOME			

I certify that this information is true and complete to the best of my knowledge. I grant permission to the Holmes Center for the Arts to verify this information.

Signature of Applicant

Date