



FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION



Staenberg Scholarship Program for Summer Camps

****Please note ALL camps are for ages 7 and up. Campers MUST be 7 years old before July 31.**

Thank you for applying to the Craft Alliance Center of Art + Design Staenberg Scholarship Program for Summer Camps. Craft Alliance is committed to offering educational programs for everyone in our community. Scholarships are available to young artists who are interested in attending our camps at our Delmar location. Applications for summer camps may be submitted any time after the summer camp catalog is released and are good for the current year only.

Scholarships are granted based on factors including, but not limited to:

- Household income
- Household size
- Special circumstances bearing on the applicant's financial situation. (*College student, unemployment, fixed income, disability, etc.*)

Awarded on a sliding scale, approved applicants receive 50-100% assistance for tuition and materials.

- Each child listed on the approved application is eligible to receive assistance for up to four camps over the summer, including Before and After Care if needed. All information submitted is treated as confidential.
- **Please allow 10 business days to process applications once they have been received.**

Submit this completed application with the following required documentation at LEAST two (2) weeks prior to the starting date of camp desired.

- Applicant Information
- Camp Information (***Please complete a separate registration form for each child***)
- Special circumstances bearing on financial need
- A copy of the applicant's **most recent tax return with SS# redacted and/or one of the following:**
 - Proof of unemployment.
 - Proof of SSI or disability.
 - Proof of other government assistance, such as housing, food stamps, Medicaid, etc.

Incomplete applications will not be processed.

DELMAR LOOP
6640 Delmar Boulevard
St. Louis, MO 63130
314.725.1177

STAENBERG SCHOLARSHIP PROGRAM FOR SUMMER CAMPS REGISTRATION FORM

Camper full name: _____

Number	Name	Tuition	Materials	Total

Before Care				
After Care				
Lunch				
Total:				

Address: _____ State: _____ Zip: _____

Email: _____

Student Birthday: _____ Age: _____

Parent/guardian name(s): _____

Phone numbers: Cell: _____ Work: _____

Emergency contact: _____

Phone: _____ Relation: _____

Physician's Name: _____ Phone: _____

Allergies: _____

Medications: _____

Restrictions: _____

Needs or Disabilities: _____

- I give permission for my child to leave the Craft Alliance premises for the lunch break between camps
- I give permission for my child to leave unaccompanied by a parent or guardian

RELEASE: I hereby agree to indemnify and hold harmless Craft Alliance (CA) and its employees against any and all claims for personal injuries or damages of any kind arising from participation in CA's programs. Further, I authorize CA staff and faculty to seek emergency medical help if this becomes necessary. I realize that every effort will be made by CA staff to contact the emergency contact person in the event of a medical emergency, and I agree to indemnify and hold harmless CA personnel in seeking medical care for my child. I also agree that CA may use my (or my child's) photograph in the promotion of its programs.

RECEIPT OF POLICIES: I agree that I have received and read the Registration Policies and Procedures thoroughly. I understand that these policies are subject to change.

Signature: _____ Date: _____

SPECIAL CIRCUMSTANCES BEARING ON FINANCIAL NEED:

Please fill out the following information to help us better understand your household's financial situation.

Total # Adults in the Household: _____ Total # Child Dependents (Under 18) in the Household: _____

Gross Annual Earned Income (Household Pre-Taxed) \$ _____

If any of the following items do not apply to you, please note "N/A".

Other Annual Income: \$ _____

Disability or SSI \$ _____

Other Public Assistance \$ _____

Child Support and/or Alimony \$ _____

Other Income \$ _____

Please explain any special circumstances not listed above that impact the applicant's financial need.

Applicant's (or Legal Guardian's) Signature: _____ **Date:** _____

Completed applications must be submitted no later than two weeks prior to the start date of the camp by mail, or delivered to:

Craft Alliance Center of Art + Design
Attn: Scholarship
6640 Delmar Boulevard
St. Louis, MO 63130

Thank you for your interest in Craft Alliance Center of Art + Design!