

ATLANTIC CENTER FOR THE ARTS

New Smyrna Beach, Florida

Financial Aid Application

IDENTIFICATION DATA:

Name in Full: (please print) _____

Permanent Mailing Address: _____

Email address:

Home Telephone: _____ Office/Studio Telephone: _____

Social Security Number: _____ Date of Birth: _____

The following information is requested, but not required. However, some scholarships are minority specific. This information is used by Atlantic Center for the Arts in grant applications which request ethnic and other data on artists-in-residence.

Country of natural origin: _____ Citizen of what country: _____

Race or ethnicity: _____ Gender: _____

RESIDENCY NEEDS & AMOUNT REQUESTED:

TOTAL ASSISTANCE REQUESTED: \$ _____ (\$800 limit per artist)

RESIDENCY INFORMATION:

Residency dates: _____ Master Artist: _____

INCOME/EXPENSE DATA:

Please enclose a copy of the previous year's IRS statement to ensure that your application is complete. Without this information your application will not be reviewed.

Annual income from art, publication, or commission related sales: 2005: _____ 2006: _____

2007: _____

Current annual income from all **other** sources:

Source:

Amount:

Period received:

Are you receiving Social Security and/or a pension (if so, indicate amount)? Y ____ N ____ \$ _____

Does your spouse or family contribute to your income (if so, indicate amount)? _____

What is your annual combined household income? _____

In the last 12 months, have you received financial assistance (loans, gifts, scholarships, fellowships, etc.) from any source?

<u>Source:</u>	<u>Amount:</u>	<u>Form of amount:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you contribute to the support of others (specify relationship and amount per annum)? _____

How much rent or mortgage do you pay monthly (home and/or studio)? \$ _____

What are your annual personal living expenses (excluding housing)? \$ _____

What are your annual professional expenses (excluding studio rent)? \$ _____

Please provide any additional information regarding your financial situation which could be helpful to Atlantic Center for the Arts in determining your need for assistance: _____

STATEMENT OF EQUALITY: You may be assured that all information provided will be held in strictest confidence. Atlantic Center for the Arts does not discriminate on the basis of age, gender, race, color, sexual orientation, national origin or means.

Financial Aid will be determined upon your acceptance into a residency. Award decisions will be made according to financial need and available funds. You will be contacted within 4 weeks prior to the residency, or as soon as funding becomes available. For assistance, telephone the Program Department at (386) 427-6975 or (800) 393-6975 (Domestic U.S. only).

I AFFIRM THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Please send this form with all required application materials to:

Program Department
Atlantic Center for the Arts
1414 Art Center Avenue
New Smyrna Beach, Florida 32168