



Atlantic Center for the Arts' Community Arts Center at Harris House
214 S. Riverside Drive, New Smyrna Beach, FL 32168

Children's Summer Art Camp Financial Aid Application

atlantic center for the arts

Parent/Guardian Name: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell or Office: _____

Email: _____ ACA Member? YES NO

School: _____

Reason for scholarship

Multiple Dependents Attending Multiple Classes Financial Need

Other _____

How many children are you planning to send to camp? _____

For how many children are you requesting scholarship(s)? _____

Are you requesting partial or full assistance? _____

If partial, how much are you requesting? _____

Sessions (circle or highlight session/s)	Date		Tuition ACA/NonMember
Session 1	June 15-18	9 - 2	\$90/\$100
Session 2	June 22-25	9 - 2	\$90/\$100
Session 3	June 29-July 2	9 - 2	\$90/\$100
Session 4	July 6-9	9 - 2	\$90/\$100
Session 5	July 13-16	9 - 2	\$90/\$100
Session 6	July 20-23	9 - 2	\$90/\$100
Session 7	July 27-30	9 - 2	\$90/\$100
Session 8	August 3-6	9 - 2	\$90/\$100
Session 9	August 10-13	9 - 2	\$90/\$100

Adult family members willing to volunteer for a full session automatically receive 1/2 off one enrollment fee. Are you willing to volunteer? YES NO

Scholarship requests are for internal ACA use only and are held in the strictest confidence. You will be contacted by email or phone with confirmation of your scholarship status.

ACA OFFICE USE:	
Approval	FULL _____
NOTIFIED? _____	PARTIAL _____
BY _____ DATE _____	AMOUNT _____