

**your word Teen Creative Writing Residency**



**FINANCIAL AID APPLICATION INFORMATION**

**PLEASE PRINT CLEARLY!!**

If you requested financial aid in your application materials, or if you did not, but would like to do so at this time, please complete the following form. Mail a copy of the household's 2009 Federal Income Tax Return and the completed form to:

*your word* Teen Creative Writing Residency  
attn: financial aid  
Atlantic Center for the Arts  
1414 Art Center Avenue  
New Smyrna Beach, FL 32168

**HOUSEHOLD INFORMATION**

**APPLICANT NAME IN FULL**

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**EMAIL**

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**MOTHER/GUARDIAN NAME IN FULL**

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**OCCUPATION**

**DAYTIME PHONE**

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**EMPLOYER NAME**

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**FATHER/GUARDIAN NAME IN FULL**

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**OCCUPATION**

**DAYTIME PHONE**

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**EMPLOYER NAME**

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**PERMANENT MAILING ADDRESS**

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**HOME PHONE**

**PERSONAL CELL PHONE**

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**PARENT(S)/GUARDIAN(S) CELL PHONE(S)**

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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 residency participants

**COUNTRY OF NATURAL ORIGIN**

**CITIZEN OF WHAT COUNTRY**

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**RACE OR ETHNICITY**

**GENDER**

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**AMOUNT REQUESTED**

TOTAL TUITION ASSISTANCE REQUESTED: \$

(\$1950 LIMIT PER PARTICIPANT)

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ARE YOU REQUESTING TRAVEL ASSISTANCE?  YES  NO

DEPARTURE LOCATION

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RETURN LOCATION

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OTHER PERTINENT DETAILS

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**FORM CONTINUES ON REVERSE**

**FINANCIAL INFORMATION**

DO YOU OR ANYONE LIVING IN THE PARTICIPANT'S HOUSEHOLD (INCLUDING GRANDPARENTS, RELATIVES, OR FRIENDS) RECEIVE:

CHILD SUPPORT PAYMENTS  NO  YES, \$ \_\_\_\_\_/MONTH

SOCIAL SECURITY PAYMENTS  NO  YES, \$ \_\_\_\_\_/MONTH

SSI PAYMENTS  NO  YES, \$ \_\_\_\_\_/MONTH

FINANCIAL ASSISTANCE FROM PEOPLE WHO ARE NOT MEMBERS OF THE HOUSEHOLD

(INCLUDE EXPENSES PAID ON YOUR BEHALF)  NO  YES, \$ \_\_\_\_\_/MONTH

UNTAXED WORKERS COMPENSATION, DISABILITY, VETERANS' BENEFITS OR RETIREMENT  NO  YES, \$ \_\_\_\_\_/MONTH

WELFARE, OR OTHER ASSISTANCE PAYMENTS  NO  YES, \$ \_\_\_\_\_/MONTH (TOTAL)

IF YES, PLEASE LIST THE TYPE OF BENEFIT(S) BELOW

\$ \_\_\_\_\_ /MONTH  
\$ \_\_\_\_\_ /MONTH  
\$ \_\_\_\_\_ /MONTH

**ADDITIONAL INFORMATION**

NUMBER OF DEPENDANTS IN COLLEGE \_\_\_\_\_ ANNUAL AMOUNT PAID OUT OF POCKET FOR TUITION & FEES \_\_\_\_\_

**ACA MAY REQUEST THE FOLLOWING DOCUMENT(S) AT A LATER DATE:**

**A SIGNED COPY OF YOUR 2009 FEDERAL INCOME TAX RETURN (W2)\***

\* You are required to include tax forms for only the custodial parent/guardian. If you cannot supply a 2009 W2 form, you may substitute a copy of your 2009 year-end pay stub if it includes 2009 year-to-date earnings information. If it does not, you may substitute a sealed, signed statement from your employer on company letterhead.

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

Financial aid requests are not included in the materials sent to Master Artists for adjudication. Therefore, they do not affect an applicant's acceptance in any way. Financial Aid will be determined upon your acceptance into a residency. Award decisions will be made according to financial need and available funds.

Financial Aid awards are to be held in the strictest confidence and should not be discussed with any residency participants (including fellow Teen Writers and Master Artists alike).