

## **Arts Council of Wilson Scholarship Guidelines**

### **Purpose:**

It is the mission of the Arts Council of Wilson to provide opportunities in the arts for the people of Wilson County.

The Arts Council of Wilson youth scholarship program provides the opportunity for individuals who require financial assistance to participate in our programs.

Scholarships are funded through concessions sales during ACT! for Youth performances, Boykin Series performances and other specified donations.

### **Eligibility Guidelines:**

To receive an Arts Council of Wilson Scholarship:

- Applicant **MUST** be a resident of Wilson County
- The parent/guardian must complete the scholarship application on behalf of participant.
- The scholarship will fund only Arts Council of Wilson programs, for example: ACT! for Youth participation fees, summer camp workshops, etc.
- Applicant must prove financial need.
- Applicant may apply for one class per session three times per year; spring, summer or fall.
- Attendance is required. Three absences may result in loss of scholarship.
- Parent/guardian must make a commitment to bring participant to program and insure involvement in program
- Disruptive or inappropriate behavior is unacceptable and is subject to immediate dismissal from the program and loss of scholarship eligibility.

### **Awarding:**

Based on the availability of funds and number of applicants, the Scholarship Committee will determine the award. Awards will not exceed 75% of the total cost to participate in the program. Participant must pay a minimum of 25% of the cost.

## Arts Council of Wilson Scholarship Application

Applicant Name \_\_\_\_\_  
(Please Print)

Class Applied For \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_  
Street City/State Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City/State Zip

**Annual gross family income** before tax withholding \$ \_\_\_\_\_  
(This information is strictly confidential and is reviewed by the Executive Director and the Scholarship Committee as needed.)

Are you currently receiving any state or federal assistance for your family?  
If yes, please list the agency from which you receive assistance:

\_\_\_\_\_

The number of adults living in household? \_\_\_\_\_ # of children in household \_\_\_\_\_

Have you or any other member of your family received a scholarship from the Arts Council in the past? Yes \_\_\_ No \_\_\_ If so, Who and When?

\_\_\_\_\_

Please state below your reason for applying for the Arts Council of Wilson Scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For office use:

Date: \_\_\_\_\_

Application received and reviewed by: \_\_\_\_\_

Scholarship Awarded: Yes \_\_\_ No \_\_\_

Scholarship Award Amount: \$ \_\_\_\_\_