

# Canopy Studio, Inc. Financial Aid Application

Application Deadline – **Dec 18** for the Winter 2018 Session

<b>Office Use Only</b>
Application Rc'd _____
Date _____
<input type="checkbox"/> Scholarship
<input type="checkbox"/> Sch & Work Trade
<input type="checkbox"/> Work Trade

**I am applying for (please mark all that apply):**

Scholarship     
  Work Trade Program     
  For myself     
  For my child(ren)

Have you received any type of financial aid from Canopy in the past 2 years?       Yes       No

**You must attach proof of Household income to be considered for Financial Aid for yourself or your child(ren) UNLESS you have a referral from one of our partner agencies, listed below.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

**If you are applying for yourself:**

Are you a full time student?       Yes       No

Are you still a dependent on someone else's tax return?       Yes       No

If you are employed:

Full-time       Part-time      Hours/week \_\_\_\_\_

Income from work \_\_\_\_\_ per month (please attach a copy of a pay stub)

Classes taken at Canopy \_\_\_\_\_

Classes you wish to take for Winter 2018

\_\_\_\_\_

\_\_\_\_\_

**Senior Teachers applying for Work/Trade:**

Maximum number of hours you could work at Canopy per week during the 10 week Summer 2017 Session: \_\_\_\_\_

Special skills or talents you can share \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If you are applying for your child(ren):**

Do you have a referral from:

ABHS       ESP       Butterfly Dreams

Does your child have an IEP?       Yes       No

How old is your child?      Age \_\_\_\_\_ Grade \_\_\_\_\_

Additional child      Age \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have a disability?       Yes       No

Would this require additional assistance during a class?       Yes       No

I am applying for:

Class       Private Lessons

(Scholarships for private lessons are only available for children with a referral from one of the entities listed above.)

Has your child taken classes at Canopy?       Yes       No

Which ones? \_\_\_\_\_

\_\_\_\_\_

Which class are you applying for?

\_\_\_\_\_

\_\_\_\_\_

**All Applicants:**

Is your income **at or below** 100% FPL (see chart)       Yes       No

Is your income **between** 100% and 150% FPL       Yes       No

Household Size	100% FPL	150% FPL
1	\$11,770	\$17,655
2	15,930	23,895
3	20,090	30,135
4	24,250	36,375
5	28,410	42,615
6	32,570	48,855
7	36,730	55,095
8	40,890	61,335

**You must fill out this form completely.**

We cannot consider applications with missing information.

Please return this form by **Dec 18** to Canopy Studio. We will notify you of our decision by **Dec 26**.

If you do receive financial aid, we will give you instructions for registering for your class using the appropriate code.

Thank you.