



## FEE/TUITION ASSISTANCE APPLICATION FORM

**DEADLINE TO APPLY** is two weeks before an ArtsView event begins. Keep in mind that all events fill up quickly. Spots filled on a first come first served basis.

### **PART ONE: Participant Information**

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Parent or Guardian (who takes care of the child): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **PART TWO: What ArtsView Event does the participant wish to participate in?**

Event Name: \_\_\_\_\_

Regular Cost: \_\_\_\_\_ Reduced Cost: **1/3 REGULAR COST** \_\_\_\_\_

Please tell us why you want to participate in the event.

(This is to be written in student's own words on another sheet of paper.)

### **PART THREE: Fee assistance is based on family's need for assistance.**

School attended by Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**To qualify for fee assistance, parents must explain their need for financial assistance. This information will be kept confidential. Ways to qualify are listed below. Check which one applies to your family and provide appropriate documentation.**

\_\_\_\_\_ Student receives Medicaid or qualifies for CHIPS.

\_\_\_\_\_ Family receives government assistance or free/reduced lunch at school.

\_\_\_\_\_ Family is in financial need based on previous year's tax return.

In addition, please attach a letter to this form explaining the family's need for financial assistance. (Letter may be written by parent, counselor, social worker, accountant, or clergy, etc.)

***Please make sure you include the following:***

\_\_\_\_\_ Completed Application                      \_\_\_\_\_ Payment for Event  
\_\_\_\_\_ Letter from Student                      \_\_\_\_\_ Explanation Letter  
\_\_\_\_\_ Required Documentation Confirming Need for Assistance

*Fee/tuition assistance awards are announced within 48 hours  
of required documentation submitted.*

*I understand that ArtsView takes great pride in their  
Fee Assistance Program.*

*No child is ever turned away from our programs because of inability to pay.*

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Attached is payment of:** \_\_\_\_\_ (For the ArtsView Event, fee is required to  
complete application.)

**CASH:** \_\_\_\_\_ **CHECK NUMBER:** \_\_\_\_\_

(A \$25 fee will be charged for returned checks due to NSF.)

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXP:** \_\_\_\_\_ **V-CODE:** \_\_\_\_\_

**Name as it appears on card:** \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Payment Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

Hold until \_\_\_\_\_ for receipt of payment. Initials: \_\_\_\_\_