

# Arts Council of the Conejo Valley presents Hillcrest Players

**Summer Camp: July 12- August 6, 2010**

HILLCREST CENTER FOR THE ARTS  
HILLCREST CENTER, 403 WEST HILLCREST DRIVE  
THOUSAND OAKS, CA 91360  
(805) 381-2747, FAX: (805) 370-1341

FA # \_\_\_\_\_

## SUMMER CAMP CONFIDENTIAL FINANCIAL AID REQUEST: *Disney's My Son Pinocchio*

The financial aid program is designed to give all children in the Conejo Valley an opportunity to participate in cultural programs. Qualification is based on total family gross income. How much you receive in scholarship will be based upon household income. The Arts Council of the Conejo Valley reserves the right to accept or reject any application. **Please Note: We can only provide partial assistance for this program. Payment plans are also available.**

### HOW TO APPLY

- ✓ Complete and return application.
- ✓ Clearly indicate your need for financial assistance and the amount you are able to pay.
- ✓ Show W4 or pay stub from each parent or guardian to verify income.

#### Income limits are as follows:

<i>Persons in household</i>	<i>Max Income</i>
2 Persons	\$26,955
3 Persons	\$33,874
4 Persons	\$40,793
5 Persons	\$47,712
6 Persons	\$54,631

*These numbers are based on Ventura County Authority Guidelines*

Parent/Guardian Name: \_\_\_\_\_ Number in Household: \_\_\_\_\_ Student Name: \_\_\_\_\_

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

Best Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Annual Gross Income Parent/Guardian one: \_\_\_\_\_ Annual Gross Income Parent/Guardian two: \_\_\_\_\_

Total Gross Income: \_\_\_\_\_ How much of the \$400 fee can you pay? \$ \_\_\_\_\_ Financial Aid Request \$ \_\_\_\_\_

Please briefly explain the reason for your request: \_\_\_\_\_

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

**Do you need to make payments on the amount you can pay? (Yes or No):** \_\_\_\_\_

*We must have a minimum payment of 25% of the amount you can pay attached to this request.*

Make Checks payable to: **ARTS COUNCIL OF THE CONEJO VALLEY.**

**OR** we accept **VISA, MASTERCARD** and **DISCOVER** for payment. Fill out the area below to charge the amount above to your account.

Amount to be charged: \$ \_\_\_\_\_ Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Name on the Card: \_\_\_\_\_ Signature authorizing the charge: \_\_\_\_\_

*I certify that the information listed above is accurate and I agree to pay the amount listed above.*

I certify that all of the information is true and correct and that all income is reported. I understand that this information is given for the receipt of the Arts Council of the Conejo Valley and ACCV officials and/or their designees will verify the information on the application. I understand that deliberate misrepresentation on this application will result in immediate cancellation of all financial aid and I will be responsible for the total fee of the program. I understand that applying for financial aid does not guarantee acceptance.

**SIGNED:**

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

\_\_\_\_\_  
Date

<b>APPROVAL:</b>		
<b>Income Verified by</b>	<b>Final Approval</b>	<b>Date</b>