

Arts Council of the Conejo Valley presents Hillcrest Players

Summer Camps 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

Name of Camp: _____

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:

Table with 2 columns: Persons in household, Max Income. Rows: 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 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 _____

Table with 3 columns: APPROVAL, Income Verified by, Final Approval, Date