



1317 W. 121st Ave
Westminster, CO 80234

FAX 303-460-1421
Office Phone: 303-460-7408
www.achildssong.com

Today's Date: _____

Scholarship Application

Student's Name _____ Gender: M F Date of Birth _____

Address _____

City _____, Zip _____ Home Phone # _____

Name of Mother _____

Address _____

Cell Phone # _____ Work Phone # _____ Email Address * _____

Occupation _____ Annual Gross Income _____

Name of Father _____

Address _____

Occupation _____ Annual Gross Income _____

Cell Phone # _____ Work Phone # _____ Email Address * _____

* Email Address (This is a VERY important communication tool for us - we will be notifying you of confirmations, cancellations, and classroom information! We will NOT share it!)

Siblings & Ages _____

Other adults who might be bringing child to class: _____

Please list any special needs or information that we need to be aware of _____

Scholarship is for:

Location_____

Program_____

Semester: (each must be applied for separately)

_____ Fall (Sept-Jan)

_____ Spring (Feb-May)

_____ Summer (June-Aug)

Day & Time_____

If student has not enrolled in the program before it is essential that they do a free preview class prior to board review.

Previous enrollment in ACS_____ OR Preview Class _____

Other activities student is involved in_____

Has this student ever received financial aid from A Child's Song before?_____

Has this student ever received financial aid from other sources?_____

How did you hear about A Child's Song?_____

Please indicate your child's race or ethnic group. You are not required to fill this in, but it helps us tremendously as we seek government grants and funds_____

_____ Would you be willing to pay for at least the cost of materials (aprox \$30 - \$90 per semester) for your child? _____

_____ Please include a copy of the past year's Federal 1040 income tax return. (New applicants must provide Form 1040 for the TWO previous years.)

_____ Please write a short paragraph or two explaining any circumstances that might help explain your request for financial aid. This might include information about disability, paying for more than one child's classes, being laid off, etc. All the information in this application is kept strictly confidential. (Continue on back if necessary.)

I HEREBY VERIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND TRUTHFUL.

Signed _____ Date _____

Non Discrimination Policy: A Child's Song school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Scholarships are determined based on availability of funds and the needs of the students. Scholarship amounts can range anywhere from partial to full payment of tuition and materials. Scholarships are not required to be repaid. Applications are due by: **July 1st for the Fall Semester, December 1st for the Spring Semester, and April 1st for the Summer Semester.** The Board of Directors for A Child's Song will make scholarship appropriations and notify the recipients by the 1st day of the month following the due date.