

## EDUCATION & INSPIRATION FUND | NEED-BASED SCHOLARSHIPS

### EDUCATION & INSPIRATION FUND

The Schauer Arts Center's Education & Inspiration Fund fosters educational and outreach efforts, specifically related to the School of the Arts (SSA). The primary purpose of this fund is to provide Need-Based Scholarships to help students and their families overcome barriers to enrollment in Schauer Arts Center classes and activities. We thank those who donate to our fund through purchases related to School of the Arts sales, as well as those who contribute through direct donation to the Education & Inspiration Fund.

### NEED-BASED SCHOLARSHIPS

Need-Based Scholarships can cover up to 50% of SSA tuition for families who apply and qualify. Total family income and total family size are considered when determining scholarship needs. Additional family circumstances may be considered when determining scholarship needs.

Need-Based Scholarships are mainly allotted to school year classes (Fall and Winter/Spring Sessions). Families who wish to apply during the summer session should note that this is considered the end of our scholarship year and, therefore, funding may be more limited when compared to school year sessions.

Families may apply for a single session or for a full school year (September-May). If a family receives a scholarship that applies to the full school year, half of the award will be credited to the account in January.

### Please be aware of the following criteria & policies:

Application should be completed by the individual considered the primary contact for registration. Application deadline is one month prior to the start of the session you are applying for.

Applications will not be processed unless they are completed in full and all paperwork is included. Applications will not be processed if there is an outstanding balance on the family's account.

Scholarships can only be used for SSA tuition.  
Scholarships are limited to one class per student per session.  
Scholarships cannot be used to reimburse tuition that has already been paid.

If a family receives a Full Year award and decides to NOT enroll as planned for Winter/Spring, the Winter/Spring portion of their award is forfeited and cannot be transferred to alternate sessions/classes/students.

Repeated scholarship requests are subject to review by the Executive Director.  
Students must maintain a 75% or higher attendance record to be eligible for future scholarships.

Distribution of scholarships is determined based on a combination of available funding, number of current applications, and the overall needs reflected on current applications.

## APPLICATION FOR NEED-BASED SCHOLARSHIP

(Family) Application Date: \_\_\_\_\_ (Office) Date Received: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

PARENT: \_\_\_\_\_ Lives in Household? YES NO

PARENT: \_\_\_\_\_ Lives in Household? YES NO

Which parent should be considered the primary contact for application processing, registration questions, and tuition payments? \_\_\_\_\_

STUDENT #1: \_\_\_\_\_ Birthdate: \_\_\_\_\_

SSA Class: \_\_\_\_\_ <sup>1</sup>Enrollment: Fall - Winter/Spring - Summer - FullSSA Class: \_\_\_\_\_ <sup>1</sup>Enrollment: Fall - Winter/Spring - Summer - Full

STUDENT #2: \_\_\_\_\_ Birthdate: \_\_\_\_\_

SSA Class: \_\_\_\_\_ <sup>1</sup>Enrollment: Fall - Winter/Spring - Summer - FullSSA Class: \_\_\_\_\_ <sup>1</sup>Enrollment: Fall - Winter/Spring - Summer - Full

STUDENT #3: \_\_\_\_\_ Birthdate: \_\_\_\_\_

SSA Class: \_\_\_\_\_ <sup>1</sup>Enrollment: Fall - Winter/Spring - Summer - FullSSA Class: \_\_\_\_\_ <sup>1</sup>Enrollment: Fall - Winter/Spring - Summer - Full

<sup>1</sup>ENROLLMENT: Families may apply for a single session or for a full school year (September-May). If a family receives a scholarship that applies to the full school year, half of the award will be credited to the account in January. If a family receives a Full Year award and decides to NOT enroll as planned for Winter/Spring, the Winter/Spring portion of their award is forfeited and cannot be transferred to alternate sessions/classes/students.

TOTAL STUDENTS: \_\_\_\_\_ TOTAL CLASSES: \_\_\_\_\_

**ADDITIONAL CHILDREN / DEPENDENTS**

Initial here if there are no additional children/dependents to list: \_\_\_\_\_

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Lives in Household? FULL - PART - NO

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Lives in Household? FULL - PART - NO

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Lives in Household? FULL - PART - NO

NAME: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Lives in Household? FULL - PART - NO

**TOTAL ADDITIONAL CHILDREN / DEPENDENTS:** \_\_\_\_\_**HOUSEHOLD INCOME**

If one parent/guardian has primary placement, the information of only that parent needs to be reported below. If the enrolling student's custody is joint, the information for both parents needs to be included. This information must be provided for your application to be processed and will be held in the strictest confidence. This information will only be used to determine eligibility for a Need-Based Scholarship.

**List all current incomes received using a per month amount:**

If the amount is \$0 this must be clearly noted, not left blank.

Wages / Tips / Commissions: \$ \_\_\_\_\_

Unemployment Compensation: \$ \_\_\_\_\_

Social Security / Disability: \$ \_\_\_\_\_

Pension / Retirement: \$ \_\_\_\_\_

Child Support / Maintenance: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Does your family qualify for free or reduced lunch? YES NO

**TOTAL GROSS MONTHLY INCOME:** \$ \_\_\_\_\_

## SUPPORTING DOCUMENTATION

Include a completed SSA Registration Form.

Include a copy of the first page of your most recent tax return.

## ADDITIONAL CONSIDERATIONS

List additional factors that you would like us to consider when processing your application:

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Are you applying for financial aid for these classes through an alternate source? YES NO

## WISCONSIN DPI FUNDING

The Schauer Arts Center is a registered provider for Bridges Virtual Academy, Lighthouse Learning Academy, and Odyssey Academy of Virtual Learning. We are happy to assist families in pursuing funding using this method. Contact our Education Coordinator for questions regarding funding received from other organizations approved by Wisconsin DPI.

I swear and affirm that the above application that I completed is, to the best of my knowledge, true, correct, and complete.

Parent/Guardian #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SCHAUER

## SCHOOL OF THE ARTS

# Registration Form

**PLEASE REGISTER EARLY!** Waiting until the last minute to register kills classes. If we have not reached the minimum enrollment by at least 7 days in advance, the program may be cancelled.

PARENT/GUARDIAN NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

☐ YES! I'D LIKE TO RECEIVE UPDATES AND  
CLASS INFORMATION VIA EMAIL

PRIMARY PHONE NUMBER

SECONDARY PHONE NUMBER

Student Name	Date of Birth	Grade	Class Title	Day/Time	Tuition
	/ /				
	/ /				
	/ /				
	/ /				
	/ /				

### MULTIPLE CLASS/SIBLING DISCOUNT

Receive 5% off all classes registered for in one transaction.  
NOTE: Single-day workshops or classes under \$40 do not apply.

**TOTAL TUITION FROM ABOVE** \_\_\_\_\_

**DISCOUNT AS APPLICABLE** \_\_\_\_\_

### LUV ARTS?

Help us support our mission of "developing, supporting and promoting the arts" by adding \$1 to your order!

**LUV ARTS DONATION \$1 MINIMUM** \_\_\_\_\_

**FRIENDS DONATION \$50 MINIMUM** \_\_\_\_\_

### PAYMENT METHOD

**TOTAL DUE** \_\_\_\_\_

☐ **CHECK #** \_\_\_\_\_ **PAYABLE TO 'SCHAUER CENTER'**

☐ **GIFT CERTIFICATE #** \_\_\_\_\_ **ENCLOSED**

☐ **VISA**      ☐ **MASTERCARD**      ☐ **DISCOVER**

☐ **AMERICAN EXPRESS**

☐ **PAYMENT PLAN CREDIT/DEBIT CARD REQUIRED**

**Payment Plans** may be arranged for any class over \$100. A minimum of 25% of the tuition fee must be paid prior to the start of the first class/rehearsal.  
Payment plans must be paid with a credit or debit card, that is kept on file for automatic withdrawal.

CARD NUMBER

EXP. DATE

SIGNATURE