

CAC Scholarship Program



Thanks to Arundel Community Development Services (ACDS), The Chesapeake Arts Center is able to offer tuition assistance to Anne Arundel County residents who live in Northern Anne Arundel County; especially Brooklyn Park, Glen Burnie, Severn, and surrounding communities. Specific eligibility is defined by communities identified as priority revitalization areas.

To determine whether your family is eligible for scholarship assistance, add up your total household income. Check the box that corresponds with the number of people in your household and your total income. If you check a box in the fourth column, you do not qualify for this scholarship program. If you do qualify, the program pays between 25% - 75% of tuition based on which column your income falls under. The approval process is done on site at CAC after the application and proof of income are received.

CAC Attendance Policy: scholarship recipients who miss 25% or more of their scheduled classes may not be eligible for future tuition assistance.

Tuition assistance runs for a full fiscal year, beginning July 1 of each year. Thus, what you provide to us now will be valid through June 30, 2023.

Please be sure to include proof of income when you return your application to CAC. The best document to send is the first page of your most recent Federal Tax Return. Otherwise, you can include two consecutive pay stubs. If you receive any type of assistance, be sure to include the letter from the issuing agency which indicates how much you receive and how often.

Please feel free to call me at 410-636-6597 if you have any questions.

Thank You!

Ashley Lines

Education Director

The Chesapeake Arts Center

410.636.6597

alines@chesapeakearts.org



Scholarship and Income Verification Form July 1, 2022 to June 30, 2023

Acceptance into the scholarship program is based on geographical location and the income of the household in which the student lives. Please note that Chesapeake Arts Center does not guarantee the availability of tuition assistance throughout the full fiscal year, as funds are limited and provided on a 'first come - first served' basis.

Student Name: _____ Age as of July 1, 2022: _____

Date of Birth: _____

Student Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Parent Name(s): _____

Parent/Guardian Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Parent/Guardian(s)' Job Titles and Place(s) of Employment:

Relationship to Student: _____

I hereby certify that the information stated above is true and correct to the best of my knowledge as of the date set forth opposite my signature. I have submitted to Chesapeake Arts Center a copy of my most recent household tax return or other proof of financial income. I also certify that I am the parent or guardian completing this application for said student.

Signature: _____ Date: _____

CAC Staff: _____ Date: _____

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM/ACDS/COUNTY FUNDED PROGRAM

PARTICIPATION DATA: LFY 2023

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD) or another ACDS/County funded source. The information being requested is only for federal compliance with data collection standards, monitoring and auditing purposes, as required by HUD or other funders, and is not intended for public dissemination. Please provide the information requested below.

Form to be completed by participant or by the parent or guardian of any minor child under the age of 18.

1. **Head of Household:** Are you the head of the household? Yes No

2. **Household Size and Total Annual Household Income:**

A. Circle the total number of people in your household in the first column.

B. On same line as your household size, check the income range that includes your household's annual income.

When determining your household income, include at minimum the following sources for all wage earners: 1) gross amount of wages, salaries, and other earnings, 2) net income from operation of a business or profession, 3) interest, dividends, and other net income from real or personal property, 4) full amount of periodic amounts received from Social Security, annuities, pensions, or disability or death benefits, Unemployment, disability compensation, worker's compensation and severance pay, 5) public assistance e.g. welfare payments, food stamps, 6) alimony, child support payments etc.

House-hold Size	HOUSEHOLD INCOME			
	30% or Less AMI*	31-50% AMI*	51-80% AMI*	81% AMI and Above
1	<input type="checkbox"/> \$24,400 or less	<input type="checkbox"/> \$24,401 - \$40,650	<input type="checkbox"/> \$40,651 - \$62,600	<input type="checkbox"/> \$62,601 or more
2	<input type="checkbox"/> \$27,900 or less	<input type="checkbox"/> \$27,901 - \$46,450	<input type="checkbox"/> \$46,451 - \$71,550	<input type="checkbox"/> \$71,551 or more
3	<input type="checkbox"/> \$31,400 or less	<input type="checkbox"/> \$31,401 - \$52,250	<input type="checkbox"/> \$52,251 - \$80,500	<input type="checkbox"/> \$80,501 or more
4	<input type="checkbox"/> \$34,850 or less	<input type="checkbox"/> \$34,851 - \$58,050	<input type="checkbox"/> \$58,051 - \$89,400	<input type="checkbox"/> \$89,401 or more
5	<input type="checkbox"/> \$37,650 or less	<input type="checkbox"/> \$37,651 - \$62,700	<input type="checkbox"/> \$62,701 - \$96,600	<input type="checkbox"/> \$96,601 or more
6	<input type="checkbox"/> \$40,450 or less	<input type="checkbox"/> \$40,451 - \$67,350	<input type="checkbox"/> \$67,351 - \$103,750	<input type="checkbox"/> \$103,751 or more
7	<input type="checkbox"/> \$43,250 or less	<input type="checkbox"/> \$43,251 - \$72,000	<input type="checkbox"/> \$72,001 - \$110,900	<input type="checkbox"/> \$110,901 or more
8 +	<input type="checkbox"/> \$46,050 or less	<input type="checkbox"/> \$46,051 - \$76,650	<input type="checkbox"/> \$76,651 - \$118,050	<input type="checkbox"/> \$118,051 or more

Effective June 15, 2022; * CDBG Income Eligible

3. **Ethnicity (You must also check one of the racial categories):**

Hispanic Non-Hispanic

4. **Race (Check only one):**

- Black/African American Asian Native Hawaiian/Pacific Islander
- White Asian & White American Indian/Alaskan Native
- American Indian/Alaskan Native & White Black/African American & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial: _____

5. **Status** (Check all that apply): 62 years or older Female Headed Household Disabled

I hereby certify that the above information is true and correct to the best of my knowledge. I, the undersigned, agree and acknowledge that the information provided is true and correct as of the date set forth opposite my signature. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program. I also understand that this agency, ACDS, or HUD may at any time request to see documentation that can verify that the income and information reported on this form is accurate and correct.

Print Name

Signature

Date