

## CAC Scholarship Program



The Chesapeake Arts Center offers need-based tuition assistance to qualified families. Thanks to Arundel Community Development Services (ACDS), CAC 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. For families that qualify financially, but do not live in Northern Anne Arundel County, limited scholarships are available through the support of the Parole Rotary Foundation, the Arts Council of Anne Arundel County and private donations.

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, 2024.

**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 or email [alines@chesapeakearts.org](mailto:alines@chesapeakearts.org) if you have any questions.

Thank You!

**Ashley Lines**

Education Director

The Chesapeake Arts Center

410.636.6597

[alines@chesapeakearts.org](mailto:alines@chesapeakearts.org)



## Scholarship and Income Verification Form July 1, 2023 to June 30, 2024

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. Other guidelines and policies may be applicable.

Student Name: \_\_\_\_\_ Age as of July 1, 2023: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Address: \_\_\_\_\_

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

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

Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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: \_\_\_\_\_

*Staff Use Only:*

Approved on Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

\_\_\_\_\_ 25% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_ 100% | \_\_\_\_\_ ACDS \_\_\_\_\_ CAC \_\_\_\_\_ AA

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
PARTICIPATION DATA: LFY 2024**

*The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). The information being requested is only for federal compliance with data collection standards, monitoring and auditing purposes, as required by HUD, 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"/> \$25,550 or less	<input type="checkbox"/> \$22,551 - \$42,600	<input type="checkbox"/> \$42,601 - \$66,300	<input type="checkbox"/> \$66,301 or more
2	<input type="checkbox"/> \$29,200 or less	<input type="checkbox"/> \$29,201 - \$48,700	<input type="checkbox"/> \$48,701 - \$75,750	<input type="checkbox"/> \$75,751 or more
3	<input type="checkbox"/> \$32,850 or less	<input type="checkbox"/> \$32,851 - \$54,800	<input type="checkbox"/> \$54,801 - \$85,200	<input type="checkbox"/> \$85,201 or more
4	<input type="checkbox"/> \$36,500 or less	<input type="checkbox"/> \$36,501 - \$60,850	<input type="checkbox"/> \$60,851 - \$94,650	<input type="checkbox"/> \$94,651 or more
5	<input type="checkbox"/> \$39,450 or less	<input type="checkbox"/> \$39,451 - \$65,750	<input type="checkbox"/> \$65,751 - \$102,250	<input type="checkbox"/> \$102,251 or more
6	<input type="checkbox"/> \$42,350 or less	<input type="checkbox"/> \$42,351 - \$70,600	<input type="checkbox"/> \$70,601 - \$109,800	<input type="checkbox"/> \$109,801 or more
7	<input type="checkbox"/> \$45,300 or less	<input type="checkbox"/> \$45,301 - \$75,500	<input type="checkbox"/> \$75,501 - \$117,400	<input type="checkbox"/> \$117,401 or more
8 +	<input type="checkbox"/> \$48,200 or less	<input type="checkbox"/> \$48,201 - \$80,350	<input type="checkbox"/> \$80,351 - \$124,950	<input type="checkbox"/> \$124,951 or more

**Effective June 15, 2023; \* CDBG Income Eligible**

**3. Ethnicity** you must also check one of the racial categories if you check Hispanic)

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date