

APPLICATION FOR SMFA PRE-COLLEGE SUMMER STUDIO SCHOLARSHIP

Failure to fill out this application completely and accurately may result in your application not being considered. Please note that a complete Scholarship Application includes submitting the most recent tax documents you have on file. Scholarship applications will not be reviewed until all forms are submitted.

Last Name	First Name	Social Security #
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Current Mailing Address

City	State	Zip Code
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Current Home Telephone	E-mail Address
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Name and City of High School

1. Indicate which *Pre-College Summer Studio* options you are applying for:

- Resident 5 Week Program
 Commuter 3 Week Program

2. Do you expect to be the recipient of any funds (scholarship, grant, award or prize) from any other organization, foundation, or individual specifically for attendance to the *SMFA Pre-College Summer Studio*? Yes No

If yes, name the title of award and the amount _____

3. What is the dollar amount you can contribute toward *Summer Studio* tuition? _____

4. Please attach a statement explaining special circumstances such as illness, unusual expenses, or any other conditions which may make it difficult for you and/or your parents/ guardians to contribute to your educational expenses.

5. If you are not awarded a *SMFA Pre-College Summer Studio* Scholarship would you still enroll in the Summer Studio program? Yes No

(See next page)

6. Please complete with parents'/guardians' income and asset information:

MONTHLY INCOME	2012	MONTHLY EXPENSES	2012
Earned from work	\$	Rent/Mortgage	\$
Non-tax income	\$	Food	\$
BENEFITS		Telephone	\$
AFDC/Welfare Benefits	\$	Utilities (gas, electricity, etc)	\$
Social Security/SSI	\$	Transportation	\$
Workmen's Comp	\$	Medical/Dental	\$
Disability	\$	Credit card payments	\$
Child Support	\$	Loan payments	\$
Alimony	\$	Other	\$
Other	\$		
TOTAL:			

7. List all of the members of your parents' household that they will support between January 1, and December 31, 2012. Include yourself, your parents, your siblings, and any other dependents that live with and receive at least 50% support from your parents/guardians.

Full Name	Age	Relationship (parent, sister, spouse, etc)	School /College attending in 2011/2012
1.			
2.			
3.			
4.			
5.			
6.			

8. Please attach a photocopy of your family's most recent Federal Tax Form 1040 return to this form.

CERTIFICATION STATEMENT

We have read over the answers to all the questions on this form and do solemnly affirm the accuracy and completeness of the answers to the best of our knowledge:

STUDENT'S SIGNATURE DATE

PARENT'S SIGNATURE DATE