FAR Conservatory SCHOLARSHIP APPLICATION

☐ **New** ☐ **Renewal**

Note: This information is kept strictly confidential; the process is anonymous.

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ **PHONE:** _____

ADDRESS: _____ **EMAIL:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Is the applicant attending FAR at the present?	Yes ☐	No ☐
Has the applicant ever attended FAR?	Yes ☐	No ☐
Can the applicant be claimed as a dependent?	Yes ☐	No ☐
Does the applicant live with the parents?	Yes ☐	No ☐

If yes, how many people reside in the home? _____

Number of children in college? _____

Does the student receive SSI? Yes ☐ No ☐ If Yes, monthly amount _____

Annual Household Income: _____

(Your current tax form MUST be attached or the application will not be considered. If no taxes were filed, please call the office for instructions.)

Parent/Guardian Occupation (s) _____

If there are excessive family obligations or hardships (medical expenses, recent divorce, siblings with special needs, etc.) please attach a letter of explanation.

Please check off the program(s) you are requesting scholarship support for.
(*Limit of two per semester*)

☐ Private Art Therapy ☐ Private Music Therapy ☐ Group Therapy/Activity
☐ Ice Skating/Hockey ☐ Tutoring

☐ In addition, I am interested in a scholarship for Camp FAR Out 2012

ATTACH *ONE* OF THE FOLLOWING FINANCIAL DOCUMENTS:

☐ Current Federal Income Tax Return
Form 1040A page 1 or
Form 1040A page 1 and 2
with Schedule C if self-employed

☐ Current Michigan Income Tax Return
Form MI 1040 Page 1 and 2 or
MI Homestead Property Tax Credit

☐ Social Security Benefit Statement

Signature: _____ Date: _____

Please return to the FAR office in person or by fax or mail

1669 W Maple, Birmingham, MI 48009

Phone: 248.646.3347
Fax: 248.646.4480