

FINANCIAL AID APPLICATION

The Evanston Art Center (EAC) believes that art is for everyone. No student is turned away based on financial need.

Please complete this form and attach supporting documents as soon as possible, at least 1 week before the start date of the class you'd like to register for. You will be notified of the status of your application shortly after you submit it. Please call 847-475-5300 with any questions. You may complete and submit the form and attachments.

- via email to: LBoswell@EvanstonArtCenter.org
- via mail to: Attn. Financial Aid, Evanston Art Center, 1717 Central St, Evanston IL 60201
- or by dropping it off at the EAC front desk
- Paper copies are available at the EAC front desk.

Name _____ Home Phone _____

Address _____ City/State/Zip _____

Date of Birth _____ Email Address: _____

Place of Employment _____ Phone _____

1) What EAC class do you wish to take (Include name & 4-digit code)?

2) What is the total tuition for this class? _____

3) What is your household's present, total, yearly income and its source?

4) Are there any other resources for income (child support, alimony, social security)? _____

If yes, how much annually?

5) How many people does this income support? _____

6) Are there any extenuating circumstances or expenses that affect how your income is reflected in your proof of income? _____

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7) How much do you think you could contribute towards the cost of the class for which you are applying? _____

8) Have you received financial aid in the past? If yes, how much and when? Only most recent instance is necessary. _____

9) For statistical reporting, please circle the category (or categories) that best applies to the person requesting financial aid:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other _____
- Prefer not to say

I hereby state that the information provided is true and accurate to the best of my knowledge. I understand that the Evanston Art Center may hold me responsible for the total cost of the program should this information be incorrect or inaccurate.

Signature _____ Date _____

Please include proof of income (such as form tax return, income statement from public aid) with your application form as a separate attachment.

Approval (For office use only.)

Class _____
 Full Tuition _____
 Scholarship amt. _____
 Student to Pay _____
 Receipt # _____
 Date Paid _____

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FINANCIAL AID STATEMENT OF POLICY (11/18/20)

The Evanston Art Center will provide financial aid to individuals of all ages who demonstrate an interest in visual arts education and require tuition assistance in order to participate. The Evanston Art Center will offer such assistance to the extent of its ability, consistent with its mission. This policy will be publicized to all appropriate community referral and service agencies and schools. The availability of financial aid will appear in appropriate advertising and publications.

Guidelines

1. Determination of Need and Selection Criteria

A sliding scale will be used to determine the need for financial aid. This scale will be reviewed annually by the EAC Education Committee. Information provided by the applicant on the Financial Aid Application Form also will be taken into consideration.

2. Extent of Assistance

- a. Students provided with financial aid must pay the percentage of tuition not subsidized through the Financial Aid Program.
- b. Financial aid will be available for one class per term per person.
- c. Financial aid does not subsidize Evanston Art Center membership costs.
- d. Enrollment of recipients will be distributed across programs unless the program is targeted to serve a specialized group.
- e. Financial aid is available to adult members of the Evanston Art Center and to all children.

3. Administration

- a. Financial aid will be administered by the Director of IT and Administration.
- b. Maintaining the confidentiality of the recipients, staff will document all aid granted and report this information each term to the Executive Director and to the School, the Scholarship/Financial Aid, and the Finance Committees of the Board of Trustees.

4. Funding

- a. The Board of Trustees will set a budget for financial aid at the beginning of each fiscal year.
- b. Funds will be raised through grants, donations and special events initiated by the President and CEO, the Board of Trustees or the EAC support groups.

FINANCIAL AID SLIDING SCALE

Total (Gross) Income

Subsidy	1 Family Member	2 Family Members	3 Family Members	4 Family Members	5 Family Members	6 Family Members
75%	\$16,240	\$21,985	\$27,730	\$33,475	\$39,220	\$44,970
50%	\$19,675	\$26,725	\$33,395	\$40,555	\$47,518	\$54,480
25%	\$23,110	\$31,285	\$39,460	\$47,640	\$55,815	\$63,990

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