

# Village Center for the Arts

A Nonprofit Community Fine Art Center  
12 Main Street, New Milford, Ct

**(860) 354-4318**

## **Tuition Assistance Form**

Student Name: \_\_\_\_\_ Age: \_\_\_\_ School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date Funding Needed: \_\_\_\_\_

Briefly describe the reason for this application: \_\_\_\_\_

Any Special Circumstances: \_\_\_\_\_

Other Funding: \_\_\_\_\_

If the scholarship is approved can the award be published? Yes \_\_\_ (Anon ) \_\_\_ No \_\_\_

**\*\*\*PLEASE NOTE\*\*\*** The following items must be attached for funding to be considered:

The first two pages of your most recently filed 1040 Tax Return *or* copies of the two latest pay stubs. Please include all household income.

Forward Application to:  
Village Center for the Arts  
12 Main St  
New Milford, CT 06776

Applicant/Guardian \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **Instructions for completing the VCA Application for Funding:**

**General:** Please fill out ALL sections of the application completely. Note that if all sections are not completed, even if the applicant is a valid candidate for financial assistance, VCA will not consider the application and will return it to the applicant requesting the additional information omitted in the initial request. Also note that funding will be approved only if financial need is clearly shown through the 1) content of the application, 2) a copy of the first two pages of the most recent filed tax return, or copies of the two latest pay stubs are attached, and 3) the applicant resides in New Milford, Connecticut and attends a New Milford Public School.

**Instructions for completing the application section by section are as follows:**

**Name, Phone and Mailing Address:** Please provide the contact information of the person who will receive all correspondences with regard to this request in addition to student name. VCA will notify this contact person of its decision (approval or rejection of funding) or submit a request for additional information to this contact person. Please provide the contact's cell phone number in addition to their day- time phone number if possible.

**Date Funding Needed:** Please provide the date when the total amount of funding is required. While it is the intent to review these applications in an expeditious manner, applicants should allow 2- 4 weeks for a determination. Please note that VCA will continue to review applications for funding as long as such funding is available.

**Any special circumstances:** Please specify why special consideration should be given.

**Other Funding:** VCA will take into consideration any additional funding received by applicants.

**Funding Amount:** The maximum amount of funding through this scholarship is 50% of the cost of the session. The Executive Director has authority, based on extreme need, to modify this amount. All decisions are based on household income.

**If funding is awarded by VCA, can the award be published?** It is assumed that individual requests and approval for financial assistance will be kept confidential unless we are given permission to publish the award. VCA believes that publishing the award will notify others that financial aid is available to them who otherwise may not participate in certain events due to financial reasons. It is a way to let the public know that financial aid is available through VCA if it is needed.

**Signature:** The application should be signed by either the parent or legal guardian of the individual.