



**YOUNG ARTIST SUMMER PROGRAM FINANCIAL ASSISTANCE APPLICATION
FOR CCAR CROSS-BORDER SUMMER SCHOLARSHIP 2018**

Council for Canadian American Relations Cross-Border Summer Scholarship covers tuition, housing and dining for one Canadian applicant from those who are accepted into the program. Applicants who wish to be considered for financial assistance are required to submit their applications for the program by noon EST on January 31, 2018.

APPLICANT'S INFORMATION

1. Name: _____
2. Instrument: _____
3. Permanent Home Address: _____

4. Cell Phone: _____
5. Email Address: _____
6. School Name: _____
7. Birthdate: _____ Age: _____
Month Date Year
8. Housing arrangement during the program: Lenfest Hall Commuter
9. Occupation, if applicable: _____
10. Place of employment, if applicable: _____
11. Position, if applicable: _____
12. Monthly income, if applicable: _____
13. Are you married, a ward of the court or orphan of the court? Yes No
If yes, please specify:

14. Are you a veteran? Yes No

If yes, please specify:

15. Do your parents list you as a tax exemption on their Federal Income Tax Return?

Yes No

16. Have you received more than \$2,000 assistance from your parents in the past year? (This includes clothing, medical care, insurance, etc.) Yes No

If yes, please specify:

PARENT/GUARDIAN INFORMATION IF DEPENDENT

17. Name: _____

18. Relationship to applicant: _____

19. Permanent home address (if different from applicant): _____

20. Cell Phone: _____

21. Email Address: _____

22. Occupation: _____

23. Place of employment: _____

24. Position: _____

25. Yearly income if salaried: _____

26. Hours worked per week (if salaried): _____

27. Monthly income: _____

28. Birthdate: _____ Age: _____ Month Date Year

29. Married Separated Divorced Single

30. Name: _____

31. Relationship to applicant: _____

32. Permanent home address (if different from applicant): _____

33. Cell Phone: _____

34. Email Address: _____

35. Occupation: _____

36. Place of employment: _____

37. Position: _____

38. Yearly income if salaried: _____

39. Hours worked per week (if salaried): _____

40. Monthly income (if not salaried): _____

41. Birthdate: _____ Age: _____
Month Date Year

42. Married Separated Divorced Single

If applicant answered "Yes" to EITHER questions 13 or 14, or "No" to ALL questions 15 - 16, applicant may claim themselves as financially independent. Provide applicant's personal income and expenses below.

If applicant answered "Yes" to ANY of questions 15 - 16, applicant may NOT claim themselves financially independent. Provide APPLICANT PARENTS' income and expense figures below.

FINANCIAL RESPONSIBILITIES:

EXPENSES, OBLIGATIONS, AND LOANS:

1. Are you currently supporting any dependents (i.e. children, elderly parents)?
If yes, please specify:

Name	Age	Relationship to applicant	Income given to the individual listed
			\$

			\$
			\$
			\$
			\$
			\$
			\$
			\$

2. List any child support you PAID OUT in the 2017 calendar year \$ _____

3. Rent per month: \$ _____ / month

Mortgage per month: \$ _____ /month

4. Do you own a car? Yes No

If yes:

Year: _____ Make: _____

Purchase price: \$ _____ Current value: \$ _____

Year: _____ Make: _____

Purchase price: \$ _____ Current value: \$ _____

Year: _____ Make: _____

Purchase price: \$ _____ Current value: \$ _____

5. List outstanding debts (credit card debt, bank loans, student loans, family obligations) *do not include real estate or rental obligations

6. List special circumstances and other considerations (college or school tuition, child support, alimony, medical expenses, etc.) that you would like us to

consider. Include proof of above where applicable. Attach a separate sheet if necessary.

INCOME AND ASSETS:

Total cash: \$ _____

Total checkings: \$ _____

Total savings: \$ _____

Net value of home and all other properties: \$ _____

Net value of business: \$ _____

Investments (stocks, bonds, certificates, mutual funds and other investments):

OTHER FINANCIAL ASSISTANCE:

Please describe other financial assistance you have received or plan to receive for Summer 2018 (awards, grants, scholarships, etc.)

Have you or have you ever been the recipient of financial assistance (scholarship, award, or prize) given by an educational institution? Yes No

If yes:

Name of Award: _____

Awarding Institution: _____

Amount: \$ _____

Period Covered: _____

Name of Award: _____

Awarding Institution: _____

Amount: \$ _____

Period Covered: _____

TAX FORMS AND INCOME INFORMATION:

For **all tax filers** whose financial information was (or should have been) reported on your application, please attach signed copies of your most recent Federal Income Tax Returns – T1 General or comparable. Please include all schedules and attachments. (Note: If married and filing separately, both federal income tax returns are required).

For all **non-tax filers** in household - List below the employer and any income received in 2017 (use earnings statements). Non-tax filers must also submit a copy of their bank statements for the past six months. (Note: If married and filing separately, both earnings statements are required).

Name of Employer	Income
	\$
	\$
	\$
	\$
	\$

Both **tax filers** and **non-tax filers** must list any untaxed income received in 2017.

2017 Untaxed Income	Amount
Payments to Tax-Deferred Pensions and Savings Plans	\$
Earned Income Credit	\$
Child Support Received	\$
Social Security Benefit (untaxed portion)	\$
Welfare Benefits	\$
Worker's Compensation	\$
Other (please specify)	\$

Financial assistance will not be considered unless this form is fully completed and accompanied by a copy of the November 2017 bank statement (if you have more than one bank account, include bank account statements for each account) and 2016 income tax form – T1 General form or comparable.

I certify that the information disclosed on this form is correct and complete.

Parent's or Guardian's Signature

Date

Applicant's Signature (if independent)

Date

Information you send will be held in the strictest confidence. We do not return tax returns or transcripts.