



SHINE ART CENTER FINANCIAL ASSISTANCE APPLICATION

FINANCIAL ASSISTANCE FOR: Dance, Art, Drama and Music classes at Shine Art Center.

APPLICATION INSTRUCTIONS

1. Complete Sections I through III of the application. Section IV is optional. Ensure the form has been signed and dated (Page 2).
2. Provide proof of household income:
 - a. Attach a copy of the 2017 Tax Return (Form 1040, Pages 1 & 2) for all adults listed on the application. Do not send W-2 forms.
 - b. If your current household income has changed from your 2017 tax return, please provide a YTD pay stub which verifies current household income.
3. Attach documentation for all amounts listed in Section III "Annual Household Income". All support documentation must be provided with the assistance application.
4. Return this application to the address/email noted on the bottom of Page 2.
5. Assistance expires annually and is valid through 6/30/2019.
6. **Applications that are incomplete or do not have correct/sufficient documentation will be returned, unprocessed.**

I. ADULTS IN HOUSEHOLD (if more than two adults please attach another paper)

1st Adult (first, last) _____ Birth Date _____
 Address _____ Phone _____
 City _____ State _____ Zip _____ email _____

2nd Adult (first, last) _____ Birth Date _____
 Relationship to 1st adult _____

II. ALL DEPENDENT CHILDREN IN HOUSEHOLD **Note: Proof of dependency required form all children listed**

First, Last	Gender	Birth date	Relationship to adult

III. ANNUAL HOUSEHOLD GROSS INCOME

Gross Salary – All Household Members	\$
Alimony -Court Documentation	\$
Child Support – Case Payment History	\$
Social Security (SSI/SSA) – Award Letter	\$
Disability Income – Award Letter	\$
Unemployment – Notification Letter	\$
Public Assistance Cash – Award Letter	\$
Food Stamps – Award Letter	\$
Housing Assistance – Award Letter	\$
Tribal Money – Award Letter	\$
Student Awards/Grants – Letter	\$
Other:	\$
TOTAL	\$

**FINANCIAL ASSISTANCE VALID
THROUGH JUNE 30, 2019.**

Applicant Initials: _____

Staff Initials: _____

Date Received: _____

Household size	Receive 35% reduced rate if gross household income is less than:	Receive 25% reduced rate if gross household income is less than:	Receive 15% reduced rate if gross household income is less than:
2	\$32,044	\$37,044	\$42,044
3	\$39,777	\$44,777	\$49,777
4	\$47,510	\$52,510	\$57,510
5	\$55,243	\$60,243	\$65,243
6	\$62,902	\$67,902	\$72,902
7	\$70,561	\$75,561	\$80,561
For each additional family member add:	\$7,659	\$7,659	\$7,659

IV. If your income level is above the limits stated in the chart above, but the regular price is beyond your ability to pay due to extenuating circumstances, please explain below. An example of special circumstances may include medical expenses. In such a case you may be required to provide proof of medical bills paid out of pocket for the amount you are over the limit to qualify. This would not include medical insurance premiums for the current year.

NOTE: Financial Assistance will not apply to Programs or Childcare until the application is approved. Assistance cannot be applied retroactively. Applications can take up to two weeks to process.

I hereby certify, under penalty of perjury, that the information that I have provided is true and correct as of this date to the best of my/our knowledge. I authorize Shine Art Center and their assigns to have access to any and all financial records necessary to verify the information contained in this application. I agree to notify Shine Art Center within 10 working days of any changes of circumstances regarding information contained in this application; otherwise, this Financial Assistance is valid through June 30, 2019. I agree to respect and follow all Shine Art Center policies and procedures.

Signature _____ Date _____

Return this application and verification documents to:

Shine Art Center
 10409 N Newport HWY
 Spokane, WA 99218
 Phone: 509-263-6828
 E shineyouthfund@gmail.com W shineartcenter.org