



# Capitol Hill Arts Workshop (CHAW) Tuition Assistance Form

CHAW is pleased to offer a tuition assistance program for its adult and youth classes.  
CHAW's tuition assistance program helps make the arts accessible and is integral to CHAW's mission of building community through the arts.

## Student Information

New Student  Returning Student  I have received tuition assistance from CHAW before

Student name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Parent/Guardian Information (For youth and early childhood classes only)

Parent/ Guardian 1 name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/ Guardian 2 name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Who has financial responsibility for student? \_\_\_\_\_

## Income and Expenses (Please attach a copy of your most recent pay stub)

Total monthly income for household \$ \_\_\_\_\_  
Number of people supported by this income \_\_\_\_\_  
Monthly housing cost \$ \_\_\_\_\_  
Tuition payment for student's school (if applicable) \$ \_\_\_\_\_  
Estimated monthly bills \$ \_\_\_\_\_  
Additional expenses \$ \_\_\_\_\_

## Do you receive any other allotment of monies from agencies representing (if so please provide documentation):

Public Assistance \$ \_\_\_\_\_  
Social Security/Disability \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
Housing Assistance \$ \_\_\_\_\_  
Other Income \$ \_\_\_\_\_

Turn Over

**Tuition Assistance Requested (please note that we are rarely able to cover 100% of tuition cost)**

Total Class Tuition (as reflected on registration form) \$ \_\_\_\_\_  
I am able to contribute the following amount \$ \_\_\_\_\_  
I request the following amount of aid \$ \_\_\_\_\_

**Why are you requesting this assistance (please attach additional sheets if necessary)?**

**If this is not your first time receiving tuition assistance what has been the impact of prior assistance (please attach additional sheets if necessary)?**

**Youth Classes Only**

I understand that my child is expected to respect the faculty, staff and students and follow the rules of the Capitol Hill Arts Workshop. I give permission for him/her to attend class and release the Capitol Hill Arts Workshop, its officials, employees, agents and assigns from any and all claims and liability (including but not limited to liability for personal injury, illness, and property damage) arising out of or occurring by reason of his/her participation in attendance at classes, instruction, performance, or other activities at the Capitol Hill Arts Workshop. I understand that any failure to pay my agreed-upon amount, or any bounced check, will be a violation of this agreement and my child will be dismissed from the program.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**All Applicants**

- Financial assistance covers tuition for one semester and is only applicable to the semester in which it is awarded. **You must complete a new form each semester.**
- The Capitol Hill Arts Workshop does not discriminate on the basis of race, creed, national origin, sexual orientation or ability in awarding Tuition Assistance.
- Assistance is given according to demonstrated need and available funds and has no cash value.
- If this application is accepted, it is required that the student attend class regularly.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Have you:  Completely filled out form  Included pay stub  Included Registration form

**\*\*Incomplete forms and documentation can result in processing delays\*\***

Please return form to Capitol Hill Arts Workshop, 545 7<sup>th</sup> Street, SE, Washington, DC 20003 or fax to (202) 543-1723  
Call us at 202-547-6839 for assistance

**OFFICE USE ONLY** \_\_\_\_\_

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Date Notified \_\_\_\_\_

CHAW pays \_\_\_\_\_ Applicant pays \_\_\_\_\_

Executive Director's Signature \_\_\_\_\_