



## Financial Assistance Application for Program Year 2019/2020

Thank you for your interest in applying for need-based financial assistance for programs at Sunflower Creative Arts.

**Please complete each step of the application process as follows:**

### **Step 1**

Write your personal statement.

*On a separate sheet*, write your personal statement. Describe your reason(s) why you are applying for financial assistance. This is your opportunity to tell your story. You may include any supporting material that would be pertinent to this application.

### **Step 2**

Attach a copy of your most recent tax return. **Tax return must be submitted** in order for this application to be considered. Please black out social security numbers.

### **Step 3**

Fill out each section of the 4-page attached form. This form must be completed in its entirety.

### **Step 4**

Drop off your completed application materials at the Sunflower Office or mail to:

Sunflower Creative Arts

Attn: Financial Assistance Committee

227 N Dixie Blvd., Delray Beach, FL 33444.

Financial Aid Applications for the program you were accepted **must be received no later than June 21, 2019.**

All information submitted will be held in confidence and only shared with the Financial Assistance Committee.

**IMPORTANT:** Steps 1–4 must be completed in their entirety before your application can be considered. Determinations will be made by July 19, 2019.

Sunflower Creative Arts, Inc. accepts children and families of any race, color, religion, national and ethnic origin to all classes, programs and activities. It does not discriminate on the basis of race, color, religion, national and ethnic origin in the administration of any policy including admissions, programs or financial assistance.

## Family Information

**Child 1 Name:** \_\_\_\_\_  
Last Name First Middle

**Child 2 Name:** \_\_\_\_\_  
Last Name First Middle

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

\_\_\_\_\_  
City State/ Zip Phone

**Parent or Legal Guardian (1):**

\_\_\_\_\_  
Last Name First Middle

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

\_\_\_\_\_  
City State/ Zip Phone

**Parent or Legal Guardian (2):**

\_\_\_\_\_  
Last Name First Middle

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

\_\_\_\_\_  
City State/ Zip Phone

## Your Financial Aid Request

Financial aid is awarded based on need and funds available. This form must be completed in its entirety. **If any questions are not applicable to you, please write NA.**

**Child 1 Class/Program Name:** \_\_\_\_\_ **Session:** \_\_\_\_\_  
(AM/PM/Full Day, 2-, 3-, 5-day)

**Child 2 Class/Program Name:** \_\_\_\_\_ **Session:** \_\_\_\_\_  
(AM/PM/Full Day, 2-, 3-, 5-day)

### Yearly Tuition Cost of Class/Program of your first choice:

For Child 1: \$ \_\_\_\_\_ For Child 2: \$ \_\_\_\_\_

### Total Amount of Financial Aid requested:

*Do not leave this blank. Please provide the specific dollar amount you are requesting for each child.*

For Child 1: \$ \_\_\_\_\_ For Child 2: \$ \_\_\_\_\_

## Your Annual Income

\* The information for **Last Year** should come from your **most recent tax return** (2018 preferred).

\*\* The financial information for **Current Year** should be estimated to the best of your ability according to changes in business, salaries, promotion, etc.

	<b>Last Year*</b> (Actual)	<b>Current Year**</b> (Estimated for 2019)
Salaries/wages for Parent/Legal Guardian (1)	_____	_____
Salaries/wages for Parent/Legal Guardian (2)	_____	_____
Dividend and/or interest income	_____	_____
Alimony Received	_____	_____
Net Profit/Loss of Business	_____	_____

**Continued:**

Other Income (including family loans/gifts) \_\_\_\_\_

Child Support Received \_\_\_\_\_

Social Security Benefits \_\_\_\_\_

Total Federal Income Tax Paid \_\_\_\_\_

**TOTAL Income:** \_\_\_\_\_

**Your Assets**

Checking account total \$ \_\_\_\_\_ Savings account total \$ \_\_\_\_\_

Do you own a home? Yes \_\_\_ No \_\_\_ If Yes, present estimated value of home \$ \_\_\_\_\_

Approximate outstanding balance of first mortgage \$ \_\_\_\_\_

Approx. outstanding balance(s) of second mortgage(s) and/or equity line(s). \$ \_\_\_\_\_

Other real estate owned (type and value) \_\_\_\_\_

Other accounts (Money Market, CD, Stocks, Mutual Funds, 401K's, IRA's, trust funds etc.)

1) \_\_\_\_\_ \$ \_\_\_\_\_ 2) \_\_\_\_\_ \$ \_\_\_\_\_

3) \_\_\_\_\_ \$ \_\_\_\_\_ 4) \_\_\_\_\_ \$ \_\_\_\_\_

**Your Expenses/Your Current Debt**

	APR (%)	Total Balance	<u>Monthly payment</u>
Credit card _____	_____	_____	\$ _____
Credit card _____	_____	_____	\$ _____
Credit card _____	_____	_____	\$ _____
Loans (student/other) _____	_____	_____	\$ _____
Car 1 _____ (specify <b>owned</b> or <b>leased</b> ) (Make, Model, Year)	_____	_____	\$ _____
Car 2 _____ (specify <b>owned</b> or <b>leased</b> ) (Make, Model, Year)	_____	_____	\$ _____

*Continued on next page:*

**Your Expenses/Your Current Debt *continued*:**

Your monthly health insurance related payments (premium, copays, etc.) \$ \_\_\_\_\_

Your monthly mortgage payment (if you own a home): \$ \_\_\_\_\_

Your monthly 2<sup>nd</sup> mortgage/equity line payment: \$ \_\_\_\_\_

Monthly property taxes, homeowner’s insurance, HOA maintenance: \$ \_\_\_\_\_

Monthly rent payment (if you do not own a home): \$ \_\_\_\_\_

**TOTAL Monthly Expenses: \$ \_\_\_\_\_**

**Please list all dependents (other than child/children for whom you are requesting financial aid).**

Name/Age	School	Total Tuition Cost	Total Financial Aid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signatures**

We declare that the information on this form is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Parent or Legal Guardian (1) Date

\_\_\_\_\_  
Parent or Legal Guardian (2) Date