



Financial Assistance Application for Program Year 2021/2022

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

Submit your completed application materials via email FinancialAid@sunflowercreativearts.org or drop it off at the Sunflower Office or mail them to:

Sunflower Creative Arts
Attn: Financial Assistance Committee
227 N Dixie Blvd.,
Delray Beach, FL 33444.

Financial Aid Applications for the program you are applying **must be received** no later than **April 30, 2021**.

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 **May 7, 2021**.

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.**

Yearly Tuition Cost (excluding Materials Fee) is **\$9,450**, which is the same for Seedlings Morning and for Seedlings Afternoon session.

Request for (name of Child 1): _____

Total Amount of Financial Aid requested: _____

*Do not leave this blank. Please provide the **specific dollar amount** you are requesting as total for a year.*

Request for (name of Child 2): _____

Total Amount of Financial Aid requested: _____

*Do not leave this blank. Please provide the **specific dollar amount** you are requesting as total for a year.*

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

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

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 Annual Income

* The information for **Last Year** should come from your **most recent tax return** (2019 preferred).

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

	Last Year* (Actual)	Current Year** (Estimated for 2021)
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	_____	_____
Other Income (including family support/gifts)	_____	_____
Child Support Received	_____	_____
Social Security Benefits	_____	_____
TOTAL Yearly Income:	_____	_____
Avg Monthly Income (Yearly Income/12):	_____	_____

Your Expenses/Your Current Debt

	APR (%)	Total Balance	<u>Monthly payment</u>
Credit card _____	_____	_____	\$ _____
Credit card _____	_____	_____	\$ _____
Loans (student/other) _____	_____	_____	\$ _____
Car 1 _____ (Specify owned or leased) (Make, Model, Year)			\$ _____
Car 2 _____ (specify owned or leased) (Make, Model, Year)			\$ _____
Your monthly health insurance related payments (premium, copays, etc.)			\$ _____
Your monthly mortgage/equity line payment (if you own a home):			\$ _____
Monthly property taxes, homeowner's insurance, HOA maintenance:			\$ _____
Average monthly utilities (electricity, water, internet, etc.)			\$ _____
Monthly rent payment (if you do not own a home):			\$ _____
TOTAL Monthly Expenses:			\$ _____

Please explain in case your Monthly Expenses are higher than your Avg Monthly Income: _____

Attach separate sheet if need more space

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