

17801 Detroit Avenue Lakewood, OH 44107 ph: 216.521.2540

fax: 216.521.2110 beckcenter.org

Dear Prospective Families and Students,

At Beck Center for the Arts, we continually strive to create a community where everyone may be directly involved in the arts. It is my hope, that together, we may make it possible for numerous young students to advance their skills in the arts.

Please review the following pages as they highlight the process for requesting assistance, provide detailed information that must be submitted and the review process. Please know that all questions must be answered and all requested support documents must be submitted in order for the application to be processed.

You must also submit the registration form stating what class(es) are desired. You may place information for all students on this form.

Applications submitted after the deadline may be considered for a lesser award.

Space in a class is not guaranteed until all information is reviewed and arrangements are made for payment of class fees.

Deadlines for submission are as follows

SemesterDue DateFallAugust 20Winter/SpringJanuary 5SummerMay 5

Feel free to call upon me with any questions or concerns you may have during the process of completing the forms.

Sincerely,

Edward P. Gallagher, MT-BC

Director of Education

216.521.2540 x12

egallagher@beckcenter.org



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#### Section 1: Financial Assistance Rules & Regulations

- 1) A student may receive assistance for only one class/lesson per semester
- 2) Private lessons and private therapy sessions are covered by this program
- 3) A student must be 18 years of age or younger to qualify for the program
- 4) There are a limited number of funds available
- 5) The awards will be made based upon the documentation received
- 6) All applications are considered and various levels of awards may be given
- 7) Only one application and set of supporting documents are required for a single family
- 8) Meeting the financial assistance application deadline does not guarantee enrollment in a requested class
- 9) If you are awarded assistance you must contact the reviewer to accept the award and complete the registration process which is described in the award correspondence

#### Section 2: Documentation

- 1) The attached application must be completed and all requested documentation must be submitted prior to review
- 2) Fiscal reporting to Beck's funders requires that all information be complete
- 3) Documentation for financial assistance is submitted with the original (first) application during the program year which is September August.
- 4) Provide only **copies** of official documents as they **will not** be returned

#### Section 2: Review

- 1) All personal information will be kept confidential
- 2) Assistance awards are based upon income levels set forth by the US Department of Housing and Urban Development
- 3) You will be notified with decision of the reviewer, via email only, within 10-15 days of submitting the required information
- 4) Materials for those not approved will be shredded at Beck Center and not returned to the applicant
- 5) Individuals denied funding will receive notification as to why assistance was not awarded

#### Please submit the following together in an envelope:

- 1) The completed application form
- 2) Please attach a photo copy of your (two parent/single parent) most recently completed federal income tax filing as well as other documentation that will support your request
- 3) Completed registration form



## **BECK CENTER FOR THE ARTS Financial Assistance Application**

Program Year September - August

Available for those 18 years of age and younger

Submitted / /

STUDENT NAME		DATE OF BIRTH		scнос	)L
	_M F _				
	_M F _				
	_M F _				
ADDRESS:					
CITY:		STATE:		ZIP:	
HOME PHONE: ()		OTHER PH	ONE: ()	ı	
NAME OF PARENT/GUARDIAN					
ADDRESS					
CITY			ZIP		
PHONE: HOME ()		_ WORK (	)		
EMAIL:					
Have you received financial assistance from Beck Center	er for this	s program yeai	(Sep-Aug)	Y N	
All outstanding balances must be paid before enrolling in	n the ne	kt semester.			
If yes, please name the student(s):					
The following questions must be completed and sub during the program year:	mitted	with required	documenta	ition fo	r <u>first time applicants</u>
1) Do you qualify for public assistance?		Circle	e One: YES	NO	
2) Do you qualify for lunch assistance?		Circle	e One: YES	NO	
3) How many individuals, of all ages, reside in the home	?				
4) Please list the total combined income for the househo for your most recently completed federal income tax fi		\$		_	
5) Is this a two parent household or one parent household	ld?	Circle	e One: Two	parent	Single parent
6) Please list, on the reverse of this page, any special cirapplication. These may include, but are not limited to:					
7) You must attach a copy of your (two parent/single par	ent) mo	st recently con	npleted fede	ral inco	me tax filing.
8) Please attach additional documentation that may assilunch documentation, Social Security documentation,		viewer, such a	ıs, but not lir	nited to	, pay stubs, FDA school

PLEASE RETURN ALL FORMS TO: Edward P. Gallagher

BECK CENTER FOR THE ARTS 17801 DETROIT AVENUE LAKEWOOD, OHIO 44107





# Registration Form Submitted / /

	STUDE	NT NAME				DATE OF	BIRT	Н	
				N	I F				
				N	I F				
				N	I F				
Address:				E	Mail:				
City:				St	ate:	Zip	Code	i	
Phone Numbers: (Home)	()		(W	ork/Ce	II) ( <u> </u> )	)			
School Attending:									
In case of emergency: Co	ntact Name		Re	ationsh	nip:	Pho	ne:		
Why did you choose the E	Beck Center for	the lessons/clas	sses?						
How did you hear about th □Other							ıry □S	chool □W	ebsite
f referred, please list the i	name of the ind	lividual who refe	erred you:						
Notes and Comments: Ple This may include, but not							ovide 1	the best ex	perience.
OL A C C C C									
CLASSES Student	С	lass	Course #	Day	Time	Session	Tu	uition	Start Date
_									
PRIVATE LESSONS/SESSI	ONS							<u> </u>	

### PLEASE CONTINUE TO BACKSIDE OF FORM TO COMPLETE PAYMENT INFORMATION

Responsible Party (for Payment):			Date of Birth:			
(50%	6) of tuition will be due upon reg	gistration with the re	payment plan. There is a \$10 fee for a tw emainder due on the first of the third mor lue dates on the first of each of the next 3	th. A four payment plan has a		
	PAYMENT SUMMARY		METHOD OF PAYM	MENT		
	Tuition	\$	Cash Receipt No □	FA Application attached		
	Payment Plan Fee (\$10 or \$20 if applicable)	\$	Check No	r checks returned for any reason.		
	Donation Your tax deductible donation will help support	\$ ort Beck Center programs		scover   American Express		
	Amount Applied	\$	Expiration Date	CVC		
	TOTAL	\$	Name on Card			
	the Arts, I authorize the I deemed necessary.  I/my child may be photog publications/website, or  That the signing of this f	nergency medical Beck Center to co graphed/videograp for use by all forn form implies agree	ement to, and the observance of, the l	d to perform treatment as  Center  Rules and Regulations of		
	Beck Center and the pay listed above.	ment of all fees a	ssociated with the course(s), lessons	, instruction, sessions as		
Sigr	ature of Responsible Party:	_		Date:		
	<b>-</b> : 5		. A			

The Beck Center for the Arts reserves the right to change any rule, regulation, policy, class, schedule or instructor without notice