



SUM'ARTS FOR KIDS  
2018 TUITION ASSISTANCE Financial Aid APPLICATION

Student's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

Camp Requested \_\_\_\_\_

Tuition \_\_\_\_\_

How much can you household contribute toward tuition? \_\_\_\_\_

Tuition assistance is awarded on a financial need basis. Please share with us basic information that will help us understand your circumstances. If your family qualifies for Free/Reduced Lunch at KIBSD, please indicate so.

To be completed by student: Please tell us why you want to attend this class?

I understand that if financial aid is awarded, Kodiak Arts Council will pay tuition on my student's behalf. I agree to ensure that my child attends the camp.

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