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

<table>
<thead>
<tr>
<th>Semester</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Fall</td>
<td>August 20</td>
</tr>
<tr>
<td>Winter/Spring</td>
<td>January 5</td>
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<tr>
<td>Summer</td>
<td>May 5</td>
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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
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

STUDENT NAME: ____________________________________________  DATE OF BIRTH: ____________  SCHOOL: __________________________

_________________________________________ M F ____________

_________________________________________ M F ____________

_________________________________________ M F ____________

ADDRESS: ____________________________________________

CITY: ____________________________________________ STATE: ____________ ZIP: ____________

HOME PHONE: ( ) ____________________________ OTHER PHONE: ( ) ____________________________

NAME OF PARENT/GUARDIAN: ____________________________

ADDRESS: ____________________________________________

CITY: ____________________________________________ STATE: ____________ ZIP: ____________

PHONE: HOME ( ) ____________________________ WORK ( ) ____________________________

EMAIL: ____________________________________________

Have you received financial assistance from Beck Center for this program year (Sep-Aug)? Y N

All outstanding balances must be paid before enrolling in the next semester.

If yes, please name the student(s): ____________________________________________

The following questions must be completed and submitted with required documentation for first time applicants during the program year:

1) Do you qualify for public assistance? Circle One: YES  NO

2) Do you qualify for lunch assistance? Circle One: YES  NO

3) How many individuals, of all ages, reside in the home? ____________

4) Please list the total combined income for the household for your most recently completed federal income tax filing. $ ____________

5) Is this a two parent household or one parent household? Circle One: Two parent  Single parent

6) Please list, on the reverse of this page, any special circumstances that you believe should be considered with this application. These may include, but are not limited to: change of job status, single parent household, etc.

7) You must attach a copy of your (two parent/single parent) most recently completed federal income tax filing.

8) Please attach additional documentation that may assist the reviewer, such as, but not limited to, pay stubs, FDA school lunch documentation, Social Security documentation, etc.

PLEASE RETURN ALL FORMS TO: Edward P. Gallagher
BECK CENTER FOR THE ARTS
17801 DETROIT AVENUE
LAKEWOOD, OHIO 44107
**STUDENT NAME**


**DATE OF BIRTH**


M F 


M F 


M F 


Address: ___________________________ EMail: ___________________________


City: ___________________________ State: _______ Zip Code: _______________


Phone Numbers: (Home) ( ) ___________________________ (Work/Cell) ( ) ___________________________


School Attending: ___________________________


In case of emergency: Contact Name _________________ Relationship: _______ Phone: _________________


Why did you choose the Beck Center for the lessons/classes? ___________________________


How did you hear about the Beck Center? □Advertisement □Catalog □Family/Friend □Library □School □Website □Other ___________________________


If referred, please list the name of the individual who referred you: ___________________________


Notes and Comments: Please enter notes for any special circumstances so our faculty can provide the best experience. This may include, but not be limited to allergies, requested accommodations or medications.


<table>
<thead>
<tr>
<th>STUDENT CLASS</th>
<th>CLASS</th>
<th>COURSE #</th>
<th>DAY</th>
<th>TIME</th>
<th>SESSION</th>
<th>TUITION</th>
<th>START DATE</th>
</tr>
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<tr>
<th>PRIVATE LESSONS/SESSIONS</th>
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<tbody>
<tr>
<td>Student</td>
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Please continue to backside of form to complete payment information

Responsible Party (for Payment): ___________________________ Date of Birth: ____________

For a fee, you may request to be enrolled in a tuition payment plan. There is a $10 fee for a two payment plan. Fifty percent (50%) of tuition will be due upon registration with the remainder due on the first of the third month. A four payment plan has a $20 fee with 25% of tuition due upon registration with due dates on the first of each of the next 3 months.

Payment Summary

<table>
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<tr>
<th>Tuition</th>
<th>$______</th>
<th>Method of Payment</th>
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<tbody>
<tr>
<td>Payment Plan Fee ($10 or $20 if applicable)</td>
<td>$______</td>
<td>Cash Receipt No.____ □ FA Application attached</td>
</tr>
<tr>
<td>Donation</td>
<td>$______</td>
<td>Check No.________</td>
</tr>
<tr>
<td>Amount Applied</td>
<td>$______</td>
<td>□ Visa □ MasterCard □ Discover □ American Express</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$______</td>
<td>Expiration Date________ CVC _________</td>
</tr>
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By signing this document I understand:

- If I/my child require(s) emergency medical treatment while under the jurisdiction of the Beck Center for the Arts, I authorize the Beck Center to contact emergency medical services and to perform treatment as deemed necessary.

- I/my child may be photographed/videographed for use by Beck Center in Beck Center publications/website, or for use by all forms of media.

- That the signing of this form implies agreement to, and the observance of, the Rules and Regulations of Beck Center and the payment of all fees associated with the course(s), lessons, instruction, sessions as listed above.

Signature of Responsible Party: ___________________________ Date: ____________

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