Financial/Scholarship Aid Request

Center For Creative Youth

If you are requesting any financial/scholarship aid, **you must complete this entire page**. Acceptance decisions are not affected by financial aid requests. **Please apply as early as possible. The distribution decisions will not be made until ALL of your required financial paperwork has been received by our office. FINANCIAL AID IS BASED ON NEED AND TALENT**.

The fee for the Center for Creative Youth five-week program is $4,100. This includes tuition, room/board, health service (exclusive of emergency room visits), field trips, group events and social activities. Some Connecticut schools participate in CCY by paying tuition. Please check with the CCY office to find out if your district pays tuition. The distribution of district monies will be decided by CCY based on both need and talent.

A copy of parents'/guardians' federal income tax return(s) for 2011 is **REQUIRED**. Requests for aid without federal tax returns cannot be considered. If you do not file a federal tax return, appropriate official documentation of your current financial situation will be required. Call the office with any concerns.

Our Financial Aid money is limited and allocated for families who truly cannot afford the costs of the program. Please carefully and **realistically** consider the amount you truly need in order for your child to attend CCY.

Financial aid amount requested _____

PARENTS' INFORMATION

Occupations

Parent (or Guardian) 1 Employer _____

Parent (or Guardian) 2 Employer _____

Adjusted Gross Income 2011 (from IRS form 1040 or 1040EZ) _____

2012 Estimated Adjusted Gross Income _____

Number of Exemptions (from IRS form 1040 or 1040EZ) _____

Number of Children Who Are Full-time Private School or College Students During the 2011-12 Academic Year _____

Cost of Private School or College Paid by Parent(s) _____

Amount of Scholarship Received Elsewhere _____

ASSETS

Investment Income _____

Assessed Value of Home _____ Monthly Mortgage or Monthly Apartment Rent _____

Car(s) (Owned/Leased) Make _____ Year _____

Make _____ Year _____

Students requiring aid may provide additional information you want us to consider that may be helpful to the financial aid evaluation on a separate sheet of paper. Students are strongly encouraged to seek other sources of financial assistance from their schools or local organizations.

I certify that to the best of my knowledge all financial statements submitted are accurate.

Parent (or Guardian) Signature _____

Applicant (Student) Signature _____

The Capitol Region Education Council (CREC) offers educational opportunities to its students regardless of race, color, national origin, sex, disability, sexual orientation, marital status, or genetic information.