

Les and Dar Stumpf Youth Arts Scholarship Application



The Les and Dar Stumpf Youth Arts Scholarship program was established to provide financial assistance to families with a **demonstrated financial need** so that children (grades K-12), who reside in one of the following school districts: Appleton, Hortonville, Kaukauna, Kimberly, Little Chute, Menasha or Neenah, will have the opportunity to be enriched by an arts experience. Scholarships will be awarded at the discretion of the selection committee. Grant award checks are made payable to the provider of the service after an invoice or bill is received and approved by the Community Foundation for the Fox Valley Region. If a scholarship is awarded, it will only provide assistance for the program and provider listed on this application.

Name of child: _____ Age: _____

Number of dependent siblings living at home and their ages (including the applicant): _____

Name of mother/guardian: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email: _____

Mother/Guardian Employer: _____ Check one: ☐ Full time ☐ Part time

Position/Duties: _____

Monthly gross income: _____

Name of Father/guardian: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email: _____

Father/Guardian Employer: _____ Check one: ☐ Full time ☐ Part time

Position/Duties: _____

Monthly gross income: _____

Student lives with (**check one**): ☐ Mother/Guardian ☐ Father/Guardian ☐ Both ☐ Joint Custody

Who is primary contact for this request? ☐ Mother ☐ Father

Does the student receive financial support from another person who does not live in the household? ☐ Yes ☐ No

If yes, please explain (dollar amount of support per month, and what kind of support, child support, etc):

Unusual circumstances and expenses in the past year (please explain):

Name of the program, activity, or type of lessons for which you are requesting financial assistance:

Name of program provider or instructor: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Starting and ending dates of the program (may not begin before May 15 and may not be used to reimburse previously incurred expenses.): _____

Has the applicant participated in this program previously? (if so, for how long?) _____

Cost of Program, Activity, Lessons (please itemize):

Amount of Financial Assistance Requested (\$500 maximum): _____

Has applicant received this scholarship in the past? _____ If so, please indicate scholarship amount, activity, year(s) in which support was provided:

Have you applied for other funding for this activity? _____ If so, where? _____

Did you receive funding? _____ Amount: _____

What are your plans if you do not receive funding from the Stumpf Youth Arts Scholarship program?

Please explain the circumstances that make it difficult for you to provide this opportunity for your child:
(may attach additional sheet if needed) _____

My child is currently eligible for the following program(s):

_____ Free Lunch Program

_____ Reduced Lunch Program

_____ Other: _____

****Please attach a letter of recommendation from a teacher or other adult who is familiar with the artistic or musical ability of the child. It is helpful to the committee if letters of recommendation are written by an arts instructor.**

I understand that scholarship awards are made at the discretion of the selection committee and by submitting this application, I am not guaranteed funding. Late and incomplete applications will not be considered.

Parent Signature: _____

For questions, please contact the Community Foundation at (920) 702-7619 or scholarships@cfoxvalley.org

Mail, fax or email completed form to: **Community Foundation for the Fox Valley Region, Inc.**
4455 W. Lawrence Street
Appleton, WI 54914
Fax 920-830-1293 Email: scholarships@cfoxvalley.org

All applications are due at the Community Foundation Office by **April 1**
Late or incomplete applications will not be considered

All applicants will receive notification of the selection committee's decision by mail.