



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

<u>Semester</u>	<u>Due Date</u>
Fall	August 25
Winter/Spring	January 10
Summer	May 5

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

Sincerely,

A handwritten signature in cursive script that reads "Edward P. Gallagher".

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 2018 - August 2019
- 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 7-10 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) completed 2017 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 2018 - August 2019

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. 2017-Aug. 2018)? 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 2017. \$ _____
- 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) completed 2017 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



Creating Art Experiences

2018-2019 REGISTRATION FORM

STUDENT NAME	DATE OF BIRTH	SCHOOL
_____	M F _____	_____
_____	M F _____	_____
_____	M F _____	_____

Address: _____ E Mail: _____

City: _____ State: _____ Zip Code: _____

Responsible Party (for Payment): _____ Date of Birth: _____

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

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: _____

CLASSES

Student	Class	Course #	Day	Time	Session	Tuition	Start Date

PRIVATE LESSONS/SESSIONS

Student	Instrument	Instructor	Course #	Day	Time	Length	Wks	Tuition	Start Date

PAYMENT SUMMARY

METHOD OF PAYMENT

A \$35 charge will be assessed for checks returned for any reason.

Tuition \$ _____

Check No. _____ Cash Receipt No. _____

Other fee (if applicable) \$ _____

Visa MasterCard Discover American Express

Donation \$ _____

Card No. _____

Your tax deductible donation will help support the education and theater programs at Beck Center for the Arts

Expiration Date _____

TOTAL \$ _____

Name on Card _____

By signing this document I understand:

- If 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.
- 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****