

2018 Oklahoma Summer Arts Institute Angel Fund Scholarship Application

All students attending the Oklahoma Summer Arts Institute automatically receive full scholarships for tuition, room and board. The Angel Fund was established to ensure that students facing financial hardship may receive an additional scholarship to cover the \$290 commitment fee. **To apply for an Angel Fund scholarship, please complete this application and submit it to the Oklahoma Arts Institute by April 20, 2018.** You must enclose a copy of your parents' or guardians' most recent U.S. Income Tax Return(s) (along with your own tax return, if you are required to file separately). If your family is not required to file a tax return, please call Shana Gibelyou, Director of Development, at (405) 605-7500, ext. 303, for further instructions.

Please email your completed Angel Fund application and financial attachments to sgibelyou@oaiquartz.org or mail them to: Oklahoma Arts Institute, Attn: Shana Gibelyou, 111 N.W. 9th Street, Oklahoma City, OK 73102.

Please print.

Student's Name: _____
First MI Last

Mailing Address: _____

City State Zip

Phone: _____ Email: _____

Please check the artistic discipline you were accepted into for OSAI 2018:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Dance | <input type="checkbox"/> Orchestra |
| <input type="checkbox"/> Choral Music | <input type="checkbox"/> Drawing & Painting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Film & Video | |

For which items would you like to request assistance?
(check all that apply)

- Angel Fund scholarship to cover the \$290 commitment fee (please refer to chart on next page)
 Financial assistance to purchase supplies required for your artistic discipline*

**Eligibility for assistance with supplies will be made on a case-by-case basis.*

STATEMENT OF FINANCIAL NEED

The Oklahoma Arts Institute uses the U.S. Health and Human Services Poverty Guidelines to determine financial need. Please refer to the chart below to verify your eligibility to receive a \$290 Angel Fund scholarship.

2018 U.S. HHS Poverty Guidelines

Number of Persons in Family or Household	Annual Household Income at Poverty Level	200% of Poverty Level
1	\$12,140	\$24,280
2	\$16,460	\$32,920
3	\$20,780	\$41,560
4	\$25,100	\$50,200
5	\$29,420	\$58,840
6	\$33,740	\$67,480
7	\$38,060	\$76,120
8	\$42,380	\$84,760
For each additional person, add	\$4,320	\$8,640

SOURCE: Federal Register, Vol. 83, January 18, 2018, pp. 2642-2644

How many adults live in your household? _____ How many dependents? _____

Does the person claiming you as a dependent receive:

Child support payments? Yes No If yes, how much annually? \$ _____
 Alimony payments? Yes No If yes, how much annually? \$ _____

Is your family's gross income **equal to or below** 200% of the poverty level? Yes No

If your family's gross income is **higher** than 200%, do you feel you have special circumstances that should be considered in determining your need for financial assistance?

Yes No If yes, please explain: _____

I have enclosed a copy of the most recent U.S. Income Tax Return for the parent(s) or guardian(s) who claim(s) me as a dependent for tax purposes. **AND** if my parents are divorced with joint or partial custody, separated, or married filing separately, I have also enclosed the most recent U.S. Income Tax Return for the parent or guardian who does *not* claim me as a dependent.

I declare that the information reported in this application is true, correct, and complete to the best of my knowledge. I have enclosed required U.S. Income Tax Return(s) for the purpose of verifying the information reported.

 Student's Signature Date

 Parent's Signature Date