

**Financial Information Form – The Arts Council’s Arts Scholarship**

Complete in ink (no pencils). On or before **May 1**, return completed form to the school guidance office or mail to:  
**The Arts Council of Macon County PO Box 726 Franklin NC 28744**

*If you are someone else’s dependent, complete this form with the responsible adult.*

Applicant’s name: \_\_\_\_\_

Total expected education costs for the coming school year: \$ \_\_\_\_\_

Person principally responsible for paying these costs: \_\_\_\_\_ Additional responsible person, if any: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Total annual income\* before taxes: \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number of persons who depend on this income: \_\_\_\_\_

Number of these dependents who will be enrolled in higher education next year: \_\_\_\_\_

**Financial worksheet**

Student’s estimated <u>personal income</u> in the coming year:	\$ _____
Total <u>cash on hand</u> for student’s use (checking and savings):	\$ _____
Student’s total annual Social Security or similar <u>benefits</u> :	\$ _____
Total annual expected <u>contribution from family / others</u> :	\$ _____
<u>Scholarships and loans</u> already secured for next year:	\$ _____
TOTAL	\$ _____

Please explain any extraordinary expenses or circumstances that affect your financial situation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Total annual income includes Social Security, pensions, alimony, child support, etc.