



MARIAN ANDERSON AWARD

“Honoring Artists whose leadership Benefits Humanity”



THE KIMMEL CENTER
ACADEMY OF MUSIC
MERRIAM THEATER

**2017 YOUNG ARTIST STUDY
GRANT APPLICATION
OFFICIAL FORM**

**DEADLINE: Completed applications must be received by the Kimmel Center office by
5 PM on Monday, October 9, 2017**

LATE APPLICATIONS WILL NOT BE ACCEPTED.

Name: _____
Last First Middle Initial

Check one: Male Female *Social Security # will be required if a grant is approved*
Date of birth: ____/____/____
Month Day Year

Address: _____
Street Apt.#

City State Zip

Phone: (____) _____ E-mail: _____

Parent/guardian name: _____

Parent/guardian home phone: (____) _____ work phone: (____) _____

REQUEST INFORMATION:

Grant Request Amount: \$ _____

Please provide a one sentence description of your grant request/need

Did you receive a Young Artists Study grant last year? Yes ____ No ____

Nominator Name: _____ Title: _____

Nominator address: _____

Nominator day time phone: (____) _____ email address: _____

2017 YOUNG ARTIST STUDY-GRANT APPLICATION

Name of present school: _____ Current grade/year: _____

Address: _____

Street

City

State

Zip

Please list any relevant coursework, lessons, etc. which demonstrate the applicants interest in their art form (optional):

CONFIDENTIAL FINANCIAL INFORMATION:

(To be completed by applicant's parent or legal guardian)

NOTE: The Young Artists Study Grant Program takes into consideration the financial need of an applicant when distributing grant funds. We require the following financial information in order to determine the degree of need for applicants to the Young Artists Study Grant Program. This information is strictly confidential and will not be used for any purpose other than to help the YASG panel determine the varying degrees of financial need of the Program applicants.

Please provide a copy of your Fiscal Year 2016 Tax Return and complete the following form:

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Street

Apt.#

City

State

Zip

Phone: (____) _____

Email address: _____

Number of Dependents _____

Total Household Income / Year \$ _____

Total Housing Payments / Year \$ _____

Household Education Expenses / Year \$ _____

Additional/Extenuating Expenses / Year \$ _____

Students Total Income / Year (if applicable) \$ _____

Student's Contribution to Family Expenses / Year (if applicable) \$ _____

2017 YOUNG ARTIST STUDY-GRANT APPLICATION

1.

Please describe any special or extenuating financial circumstances:

APPLICATION IS INCOMPLETE WITHOUT THIS PAGE

In signing this application, I, the undersigned, affirm that the information that I have provided is true and agree to abide by the Study-Grant Program Guidelines. It is my opinion that this applicant meets the requirements for this Program and I recommend that this application be considered.

Parent/Guardian's signature: _____ Date: _____

Please see the application guidelines to complete your full application. If you have any questions please call (215) 893-1837. Before submitting, please use the following checklist to make sure that your application is complete:

- _____ Application Form is signed and completed by parent/legal guardian
- _____ Applicant Cover Letter
- _____ Nomination Letter
- _____ Fiscal Oversight Letter
- _____ 2016 Fiscal Tax Return
- _____ Consecutive Grant Report (if you received a grant in 2015)
- _____ Required Work Samples

Requests for support must be received by the Kimmel Center office by **5:00 PM on Monday, October 9, 2017**. Late submissions and faxed materials will not be accepted. Grants will be disbursed in November of 2017.

Mail requests to: Marian Anderson Award
Young Artist Study Grant
c/o Kimmel Center for the Performing Arts
1500 Walnut Street, Suite 1700
Philadelphia, PA 19102

The Young Artist Study-Grant Program is a partnership of The Kimmel Center for the Performing Arts and The Marian Anderson Award.