



giveARTS Individual Application

A Precious Child’s giveARTS Program provides new and gently-used equipment and supplies, as well as participation fee assistance, giving children in need the opportunity to participate in music, dance, theatre and the visual arts. Approved applicants are awarded assistance, which is paid directly to and administered by the activity provider, to cover registration fees, participation fees, competition costs, and other related expenses.

Assistance will be awarded at the discretion of the Programs Team based on all applications submitted and the availability of giveARTS funds. Consideration will be based on need, submission of requirements, and available funding. The average amount that may be awarded is \$500 per participant and \$700 per family. Applicants may apply twice per year and may apply for one activity at a time. Applicants are encouraged to apply no later than 30 days prior to registration for the season. Funds will not be made payable to individuals but will be distributed directly to the partnering organization. Any identifying information will be kept confidential and data will be used for statistical purposes.

Criteria for eligibility of applicants:

- Must be 5 years and older and be currently enrolled in K through post-secondary education
- Commit to maintaining/improving school attendance (a decline in school attendance may inhibit further support)
- Must thoroughly explore all options, especially within the activity provider’s resources
- Must provide proof of financial hardship - Financial hardship is defined as when a client is willing but unable to meet their contractual debt obligations because of unexpected events of unforeseen changes that impact cash flow.

Items that must be turned in with this application:

- Submit a 100 word minimum essay from the child describing how giveARTS’ support will benefit and impact the child’s life
 - Students in grades K-3 may complete the essay with the assistance of an adult
 - Provide a copy of the child’s most recent report card including attendance
 - Provide one form of written documentation demonstrating financial hardship such as:
 - Free/Reduced Lunch Award Notice
 - TANF Benefit Statement
 - WIC Award Notice
 - Medicaid Award Notice
 - Unemployment Statements
 - W-2 Form/Tax Return
 - Department of Social Services Form
 - Supplemental Security Income Form
 - Social Security Benefits Statement
 - All 1099 Forms
- *Priority may be given to children whose family income falls at or below 150% of the Federal Poverty Level
- Complete an application filled out by primary or secondary caregiver, advocate, or agency representative

Items that must be submitted at the end of the season:

- Complete a Post Program Survey



PLEASE CLEARLY PRINT ALL INFORMATION

Please reference the chart below to assist in determining eligibility

Family/Household Size	Maximum Annual Income (@ 150% FPL*)
2	\$24,690
3	\$31,170
4	\$37,650
5	\$44,130
6	\$50,610
7	\$57,090
8	\$63,570

FPL* = 2018 Federal Poverty Line as reported by the U.S. Census Bureau

Household Size: _____

Total Household Annual Income: \$

PRIMARY CAREGIVER OR SECONDARY CAREGIVER - CONTACT INFORMATION

Last Name, First Name	
Address, City, State, Zip Code	
County	
Phone	
Email	
Relationship to Applicant	
Circle all that apply	Single Parent Teen Parent Homeless N/A Other _____



OR:

AGENCY REPRESENTATIVE / ADVOCATE / MENTOR / FOSTER PARENT - CONTACT INFORMATION

Last Name, First Name	
League or Agency Name	
Address, City, State, Zip Code	
County	
Phone	
Email Address	
Relationship to Applicant	

CHILD INFORMATION

Last Name, First Name	
Address, City, State, Zip Code	
County	
Birthdate, Age, Gender	
School, Grade	
Race/Ethnicity (Circle One)	African American or Black Caucasian or White Hispanic or Latino American Indian or Alaska Native Native Hawaiian or Pacific Islander Asian Multi-Racial Other _____
Circle all that Apply	Foster Child Teen Parent Special Needs Child Homeless/McKinney Vento N/A Other _____



LEAGUE INFORMATION

What activity is your child interested in participating in?	
Name of Organization	
Organization Contact Name	
Organization Contact Email & Phone Number	
Season Duration (Month/Year – Month/Year)	____/____ - ____/____
Amount of assistance needed for Registration*	
Is any equipment or supplies needed? Describe (including sizes)	

*Funds will be distributed directly to partnering organization

Does your child qualify for free or reduced school lunch? Yes _____ No _____

Has your family experienced financial hardship? Yes _____ No _____

Please explain why the assistance is needed:



I hereby certify that the information on this form is accurate and I understand that the Programs Team will verify this information. Deliberate misrepresentation may result in termination of further financial assistance. I understand that A Precious Child does not exclude, deny support to, or otherwise discriminate against, any person on the ground of race, color, national origin, sex, religion, creed, marital status, parental status, sexual orientation, genetic information, political beliefs, or on the basis of disability or age in admission to, participation in, or receipt of the services of any of its programs and activities. I understand and agree to abide by A Precious Child's terms and conditions and to remain in good standing when the assistance is granted. I understand that giveARTS awards are provided bi-annually and that the arts organization administers the award. I also understand that an application must be submitted each time that assistance consideration is requested. Upon request, I, on behalf of both myself and the participant, agree to complete a survey regarding the giveARTS Program. The survey will be administered following the completion of the funded activity or at season's end. I understand that additional financial support may be forfeited if these terms are not met.

Are the following required supplemental documents included with the application?

- Student Essay
- Copy of Student's Most Recent Report Card including Attendance
- Proof of Financial Hardship: (Please list the type of document included) _____

Please note that you will be required to complete a post program survey for the recipient at the end of the semester.

- I agree to provide this information to A Precious Child and understand that failure to provide this information may disqualify the recipient from future assistance.

(Circle One) Primary Caregiver or Secondary Caregiver / Agency Representative / Advocate / Mentor / Foster Parent

Signature: _____

Date: _____

This form may be returned via fax:
A Precious Child

Attn: Programs
303.469.7555



7051 W. 118th Ave., Broomfield, CO 80020 | APreciousChild.org | Programs@APreciousChild.org | 303.466.4272

Or

via mail:
A Precious Child, Inc.
Attn: Programs
7051 W. 118th Ave.
Broomfield, CO 80020

Or

via email: Programs@APreciousChild.org