



## Maui Academy of Performing Arts (MAPA) Scholarship Application

Maui Academy of Performing Arts awards partial scholarships based on financial need. Scholarships are available to Maui residents (ages 3 to 18 only). Scholarship applications are reviewed and awarded by a panel of MAPA staff and board members.

MAPA's Board of Directors has adopted the following policies and guidelines related to scholarship recipients:

- Scholarship recipients may study only at MAPA-sponsored classes and camps during the scholarship period and may not participate in classes or camps at another studio or be a member of another dance or drama group offering the same types of classes as MAPA. Exceptions are made for school and church activities.
- Scholarship recipients and their families may be asked to volunteer for MAPA projects and events.
- Scholarship awards may be rescinded if a student fails to comply with the above guidelines or behaves inappropriately as defined by MAPA's behavior policy.

### How to apply for a Scholarship

1. Register for classes at **mauiacademy.org** BEFORE submitting scholarship application.
2. Submit the following documents:
  - Scholarship Application Financial Statement
  - Copy of most recent **Federal Income Tax 1040 with ALL attachments, schedules & W2s**. If parents filed separately, a copy of each parent's tax forms is required.

**Please submit scholarship application documents by email or mail:**

[register@mauiacademy.org](mailto:register@mauiacademy.org)

*2050 Main Street, Suite 3G, Wailuku, HI 96793*

The scholarship committee reserves the right to request additional information.



# Maui Academy of Performing Arts

2050 Main St. Suite 3G, Wailuku, HI 96793  
808-244-8760 | register@mauiacademy.org

**CONFIDENTIAL**

## Parents' Confidential Financial Statement for Financial Aid Scholarships

### A Student Applicant Information

**Student 1**

1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  X

2 Current Grade in School \_\_\_\_\_ School \_\_\_\_\_

3 Relationship of parent/guardian in Section B: *(Check all that apply)*  
 Mother  Father  Stepmother  Stepfather  Guardian

4 Student lives with: *(Check all that apply)*  
 Mother  Father  Stepmother  Stepfather  Guardian

**Student 2**

1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  X

2 Current Grade in School \_\_\_\_\_ School \_\_\_\_\_

3 Relationship of parent/guardian in Section B: *(Check all that apply)*  
 Mother  Father  Stepmother  Stepfather  Guardian

4 Student lives with: *(Check all that apply)*  
 Mother  Father  Stepmother  Stepfather  Guardian

**Student 3**

1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  X

2 Current Grade in School \_\_\_\_\_ School \_\_\_\_\_

3 Relationship of parent/guardian in Section B: *(Check all that apply)*  
 Mother  Father  Stepmother  Stepfather  Guardian

4 Student lives with: *(Check all that apply)*  
 Mother  Father  Stepmother  Stepfather  Guardian

### B Parent or Guardian Information

5 Mailing Address to which all correspondence will be sent:  
 Number and street or PO Box \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ - \_\_\_\_\_

**Parent A**

6 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ - \_\_\_\_\_  
 Occupation \_\_\_\_\_ Title \_\_\_\_\_  
 Employed by \_\_\_\_\_ Years w/firm \_\_\_\_\_  Part time  Full time

**Parent B**

6 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Home address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ - \_\_\_\_\_  
 Occupation \_\_\_\_\_ Title \_\_\_\_\_  
 Employed by \_\_\_\_\_ Years w/firm \_\_\_\_\_  Part time  Full time

**Family Assets and Debts**

7 a Home Mortgage (if applicable)

Unpaid principal on 1st mortgage  
\$ \_\_\_\_\_  
Monthly payments on 1st mortgage  
\$ \_\_\_\_\_

b Do you have a second mortgage or equity loan on your home?

Yes  No If yes, please fill in the lines to the right

Unpaid principal on 2nd mortgage / equity loan(s)  
\$ \_\_\_\_\_  
Monthly payments on 2nd mortgage / equity loan(s)  
\$ \_\_\_\_\_

**TOTALS (a plus b)**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

c Address(es) of all other real estate owned:

Present Market Value  
\$ \_\_\_\_\_

Unpaid principal on other real estate  
\$ \_\_\_\_\_  
Annual payments on other real estate  
\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**TOTALS**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

8 Provide current year information for all dependent children. Enter first and last names. List all of your dependents, including those applying for MAPA scholarships and those not applying. Use a separate piece of paper if necessary.

Full Name of dependent	Name of current childcare, preschool, school, or college	Grade	Age
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____

**Cost of childcare, preschool, school or college**

**Amount of this cost paid by:**

	a. Parent or guardian	b. Financial aid award	c. Loan	d. Students' assets and earnings	e. Friends, relatives, & trust funds (explain in #10)	f. Other sources (explain in #10)
1 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5 \$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

9 a If you rent your family residence, provide total amount of annual rent for:

Actual **Last Year** \$ \_\_\_\_\_  
Estimated **This Year** \$ \_\_\_\_\_

b Please list annual amounts for all of the following you are receiving:

<input type="checkbox"/> Food Stamps	\$ _____	\$ _____
<input type="checkbox"/> HUD	\$ _____	\$ _____
<input type="checkbox"/> WIC	\$ _____	\$ _____
<input type="checkbox"/> Welfare	\$ _____	\$ _____

Please use this space to provide the scholarship committee with any additional information you feel is important to help them render a decision.



We understand that this information is confidential and will only be used by MAPA in determining scholarship allocations. We declare that the information reported on this form, to the best of our knowledge and belief, is true, correct, and complete. We understand that this form must be completely filled in and copies of all schedules and forms attached. Incomplete forms will be disqualified. Please include with your application the following items: copies of your most recent Federal Income Tax Return Form 1040 for both parents, all schedules and attachments and W-2's pertinent to the return(s).

Parent or Guardian  
6A Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell phone [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ] Work Phone [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ]

Parent or Guardian  
6B Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell phone [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ] Work Phone [ ][ ][ ][ ] - [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ]