

# Financial Information – The Arts Council Scholarship

Write neatly in ink (no pencils). On or before **May 15**, return completed form to your school guidance office or mail to:  
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 personal income in the coming year: \$ \_\_\_\_\_

Total cash on hand for student's use (checking and savings): \$ \_\_\_\_\_

Student's total annual Social Security or similar benefits: \$ \_\_\_\_\_

Total annual expected contribution from family / others: \$ \_\_\_\_\_

Other scholarships, financial aid, and/or loans already secured \$ \_\_\_\_\_  
for next year: \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

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

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