



# East Bay Center for the Performing Arts

339-11th Street, Richmond, California 94801 • 510-234-5624 • 510-234-8206 Fax

www.eastbaycenter.org

## HOUSEHOLD INCOME

### INSTRUCTIONS:

**If you have filed your current IRS form 1040:**

You must submit copies of all pages of your IRS form 1040, 1040A, or 1040EZ including all schedules. You must also submit all copies of all W2 forms from all employers.

**If you have not filed your current IRS form 1040:**

You must submit all copies of all current W2 (and/or 1099) forms from all employers. You must also submit copies of all pages of your previous year IRS form 1040, 1040A, or 1040EZ including all schedules.

**If you do not file a tax return or you receive non-taxable income:**

You must provide a social services grant letter, food stamps verification and/or a social security benefits statement for the amounts listed in Section 6.

## PARENT'S OR GUARDIAN'S TAXABLE INCOME

The information provided is from a tax return that is (check one):

Completed

Not Yet Filed

I/We do not file a tax return (Go to Section 6)

Current Year Income

Next Year Income

- 1) Total number of exemptions claimed on Federal Income Tax form
- 2) Father/Stepfather/Male guardian total taxable income from all wages.  
(Attach all current W2 forms and/or 1099 forms)
- 3) Mother/Stepmother/Female guardian total taxable income from all wages. (Attach all current W2 forms and/or 1099 forms)
- 4) Net business income from self-employment.  
(Attach schedules C, E, and F)
- 5) Other non-taxable income from interest, dividends, alimony, unemployment, and non-business income.
- 6) Total "Adjusted Gross Income"  
(Attach all pages of your IRS form 1040)


## PARENT'S OR GUARDIAN'S NON-TAXABLE INCOME

List the current total received for all in your household, not monthly amounts.

Spousal support	\$ _____	SS/SSI	\$ _____
Child support	\$ _____	Workman's Comp	\$ _____
Public Assist. (AFDC/TANF)	\$ _____	Unemployment	\$ _____
Food Stamps	\$ _____	Retirement Benefits	\$ _____

## APPLICATION IS NOT FINISHED UNTIL SIGNED BELOW

I understand that The East Bay Center for the Performing Arts (EBCPA) scholarship will continue as long as my child is enrolled there and the tuition and fee payment are kept current by me. I understand that scholarship awards are not transferable. I further understand that EBCPA is solely responsible for grant selection and that all decisions made are final. I agree to release EBCPA for any liability in its efforts to provide this scholarship, which is renewable annually at sole discretion of The East Bay Center for the Performing Arts.

I declare that the information on this form to the best of my knowledge is true, correct and complete, and I agree to abide by all terms of this application and The East Bay Center for the Performing Arts Scholarship Program.

\_\_\_\_\_  
Parent or Guardian Signature                      Date                      \_\_\_\_\_  
Parent or Guardian Signature                      Date

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_