



Together, we flourish.

# Community Foundation™ for the Fox Valley Region

4455 W. Lawrence St. | Appleton, WI  
920.830.1290 | info@cfoxvalley.org | www.cfoxvalley.org

## Les and Dar Stumpf Youth Arts Scholarship Application

The Les and Dar Stumpf Youth Arts Scholarship program was established to provide financial assistance to families with a **demonstrated financial need** so that children (grades K-12), who reside in one of the following school districts: **Appleton, Hortonville, Kaukauna, Kimberly, Little Chute, Menasha or Neenah**, will have the opportunity to be enriched by an arts experience. Scholarships will be awarded at the discretion of the selection committee. Grant award checks are made payable to the provider of the service after an invoice or bill is received and approved by the Community Foundation for the Fox Valley Region. If a scholarship is awarded, it will only provide assistance for the program and provider listed on this application. **Complete the form as a 'save as' through Adobe Acrobat or Adobe Reader – do NOT use Apple's Preview.**

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Female Male Other

Number of dependent siblings living at home and their ages (including the applicant): \_\_\_\_\_

Name of parent/guardian #1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #1 Employer: \_\_\_\_\_ Select one: Full time Part time

Position/Duties: \_\_\_\_\_

Monthly gross income: \_\_\_\_\_

Name of parent/guardian #2: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Employer: \_\_\_\_\_ Select one: Full time Part time

Position/Duties: \_\_\_\_\_

Monthly gross income: \_\_\_\_\_

Student lives with (select one): Parent/Guardian #1 Parent/Guardian #2 Both Joint Custody

Who is primary contact for this request? Parent/Guardian #1 Parent/Guardian #2

Does the student receive financial support from another person who does not live in the household? Yes No

If yes, please explain (dollar amount of support per month, and what kind of support, child support, etc):

Unusual circumstances and expenses in the past year (please explain):

Name of the program, activity, or type of lessons for which you are requesting financial assistance:

Name of program provider or instructor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

**Starting and ending dates of the program:** \_\_\_\_\_  
(may not begin before May 15 and may not be used to reimburse previously incurred expenses)

**Has the applicant participated in this program previously?** Yes No

If yes, for how long?

**Cost of Program, Activity, Lessons (please itemize):**

**Amount of Financial Assistance Requested (\$500 maximum):**

**Has applicant received this scholarship in the past?** Yes No

If yes, please indicate scholarship amount, activity, year(s) in which support was provided:

**Have you applied for other funding for this activity?** Yes No

If so, where?

Did you receive funding? Yes No Amount:

**What are your plans if you do not receive funding from the Stumpf Youth Arts Scholarship program?**

**Please explain the circumstances that make it difficult for you to provide this opportunity for your child:**  
(may attach additional sheet if needed)

**My child is currently eligible for the following program(s):**

Free Lunch Program

Reduced Lunch Program

Other:

**\*\*Please attach a letter of recommendation from a teacher or other adult who is familiar with the artistic or musical ability of the child. It is helpful to the committee if letters of recommendation are written by an arts instructor.**

*I understand that scholarship awards are made at the discretion of the selection committee and by submitting this application, I am not guaranteed funding. Late and incomplete applications will not be considered.*

All applications are due at the Community Foundation Office by **April 1.**  
**Late or incomplete applications will not be considered.**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Typed Name)

For questions, please contact the Community Foundation at 920.702.7629 or [scholarships@cfoxvalley.org](mailto:scholarships@cfoxvalley.org).

Mail, fax, or email completed form to: **Community Foundation for the Fox Valley Region, Inc.**  
4455 W. Lawrence Street | Appleton, WI 54914  
Fax 920.830.1293 Email: [scholarships@cfoxvalley.org](mailto:scholarships@cfoxvalley.org)

All applicants will receive notification of the selection committee's decision by mail.