



Newark School of the Arts  
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**FINANCIAL AID APPLICATION**

**2024 - 2025**

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT PROOF OF INCOME**  
**LAS SOLICITUDES NO SERÁN ACEPTADAS SIN PRUEBA DE INGRESO**  
**(2024 Income Tax Form 1040)**

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF PARENT/ GUARDIAN \_\_\_\_\_

FAMILY SIZE \_\_\_\_\_

INCOME INFORMATION

INCOME FROM ALL SOURCES: **ANYONE REQUESTING FINANCIAL ASSISTANCE MUST PRESENT PROOF OF INCOME. PLEASE CHECK ALL THAT APPLY BELOW**

1040 TAX RETURN \_\_\_\_\_ UNEMPLOYMENT \_\_\_\_\_

PUBLIC ASSISTANCE \_\_\_\_\_ SOCIAL SECURITY AWARD LETTER \_\_\_\_\_

**Submit application to: [Lilly@newarkschooloffhearts.org](mailto:Lilly@newarkschooloffhearts.org)**

\_\_\_\_\_ By accepting financial aid, I acknowledge that my payments must be made according to the payment schedule listed on my invoice. Failure to make timely payments could result in loss of financial aid privileges for the duration of the academic year.

\_\_\_\_\_ Al aceptar la ayuda financiera, reconozco que mis pagos deben hacerse de acuerdo con el calendario de pagos que aparece en mi factura. El incumplimiento de los pagos puntuales podría resultar en la pérdida de privilegios de ayuda financiera durante el curso académico.

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 ADULT STUDENT, PARENT/ GUARDIAN SIGNATURE