



2026–27 Financial Aid Application

Arts Academy Scholarship Program

STUDENT INFORMATION

First and Last Name	
Street / P.O. Box Address	
City	
Province and Postal Code	

PARENT OR GUARDIAN INFORMATION (IF APPLICANT IS UNDER 18)

Full Name of Parent or Guardian	
Phone Number	
Other Contact (cell, e-mail, etc.)	

REFERRAL INFORMATION (IF APPLICABLE)

Full Name of Person Making Recommendation	
Connection to Student (e.g., school counsellor, occupational therapist)	
Contact Information (e-mail, phone)	

CAMP / CLASS PREFERENCE

Is there a specific camp / class and date preferred? Yes No

If yes, please list the camp / class name(s) and start date(s) below:

Camp / Class Name	Start Date



STATEMENT OF NEED

Please provide any further information relevant to assessing this applicant's need for a scholarship:

INCOME DECLARATION

Please select the range that best reflects the student's total annual household income (before tax):

- Under \$40,000
- \$40,000 – \$64,999
- \$65,000 – \$89,999
- \$90,000 – \$114,999
- \$115,000+

CONSENT

May the recipient's identity be shared with the scholarship donor? Yes No

SUBMISSION & DEADLINE

Deadline: This application must be received at least two weeks prior to the start date of the camp/class the student wishes to attend.

Please e-mail or mail this completed form to:

Francesca Perez, Arts Academy Director

E-mail: fperez@confederationcentre.com

Phone: 902-629-1178

Mailing Address: Confederation Centre of the Arts, 145 Richmond Street, Charlottetown, PE C1A 1J1

Thank you for your application. If you have any questions, please contact Francesca Perez. The scholarship application outcome will be communicated to the applicant.

OFFICE USE ONLY

Approval	Amount	Endowment Source