

To fill out this form online instead, please visit odc.dance/artsaccess.

ARTS ACCESS APPLICATION ODC SCHOOL



We are committed to engaging community and fostering diversity and inclusion through dance.

We know living in the Bay Area is expensive. As part of this commitment to inclusivity and our desire to host a wide a variety of dancers and movers, ODC and Rhythm & Motion offer a **50% subsidy** to those who qualify for our Arts Access program. **Applications are reviewed on a rolling basis, with approval granted for up to 6 months.** Individuals are welcome to reapply when their granting period expires.

While we aim to never turn anyone away in need, we have a limited number of spaces in our Art Access program. However, there are other ways you can dance with ODC and Rhythm & Motion - **talk to us about our work exchange program!**

Information on this application is handled in accordance with ODC's Privacy Policy, available online at odc.dance

GENERAL INFORMATION

Please check one:

- I am new to ODC School.
- I have taken class before and am already in your system.

Name _____

Address _____

City, State, Zip _____

Email _____

(If you already take classes at ODC, please use the same email address we have on file)

Phone _____ Birthdate ____/____/____

Number of people in household: _____

Annual household income (please check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than \$30,000 | <input type="checkbox"/> \$50,001-\$75,000 | <input type="checkbox"/> \$100,001-\$125,000 |
| <input type="checkbox"/> \$30,001-\$50,000 | <input type="checkbox"/> \$75,001-\$100,000 | <input type="checkbox"/> Over \$125,000 |

PART I

- I or one of my dependents is currently enrolled in an income-based city, state, or federal assistance program, such as: CalFresh/SNAP, California Alternate Rates for Energy (CARE), Family Electric Rate Assistance Program (FERA), Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), California LifeLine Telephone Program, SFMTA Lifeline Pass, or Section 8 Rental Voucher.

If you have checked this box, no more information is needed and you may skip ahead to the signature box at the end. Otherwise, please fill out Part II.

OFFICE USE: Received by: _____ Entered on: ____/____/____ Applicant notified: ____/____/____

PART II

This section is required only if you did not check the box in Part I.

We understand that annual income is only one measure of need, and that that other conditions may limit your ability to pay for classes. Please check any of the following that apply, or describe your own reasons if none of the listed items describe your situation.

- I am a full-time visual or performing artist who relies on my art for income.
- I am a senior citizen (age 65+) on a fixed income.
- I recently lost my job.
- I have an additional weighty expense right now, such as medical fees, student loan payments, or care for elderly parents. (please describe below)
- I am financially responsible for ___ dependents.
- I am currently unhoused.
- I am facing eviction.
- My rent (or other major expenses) comprise 75% or more of my income.
- I am a Unified School District teacher in the Bay Area.
- I am a full-time student at an accredited school.
- I am a U.S. veteran.
- I am in the U.S. Military.
- Other: _____

Are there any other factors or information that we should take into consideration when evaluating your need for assistance?

ACKNOWLEDGEMENT

Please check both boxes before signing.

- I acknowledge that all the information on this form is true and correct.
- I agree to provide additional documentation to verify need if asked, and understand that it is my responsibility to renew my application once it expires.

Signature: _____ **Date:** ____/____/____