

Ashtabula Arts Center

Application for Family Arts Access Pass

Your name _____

Spouse/Partner name (if applicable) _____

Number & ages of dependent children in your household _____

Address _____

City _____ State _____ Zip _____

Phone number(s) _____

E-mail _____

Your family qualifies for the Family Arts Access Pass if you have the Ohio Direction Card or Children's Health Insurance Program (CHIP). But you may qualify even if you don't use those assistance programs.

My family qualifies for the Ohio Direction Card and/or the Children's Health Insurance Program (CHIP).

My family does not qualify for either of the above programs, but I am applying for the Access Pass for this reason: (PLEASE EXPLAIN YOUR CIRCUMSTANCES BELOW — WE WILL CONTACT YOU TO LET YOU KNOW IF YOU'VE BEEN APPROVED.)
