



FINANCIAL AID/WORK
STUDY APPLICATION

Year _____

Name of Student (s): _____

Date of Birth: _____ School grade in September: _____

Address: _____

Home Phone: _____

Dance Experience: _____

Parent/Guardian 1's Name: _____

Parent/Guardian 1's Address: _____

Parent/Guardian 1's Home Phone: _____ Work Phone: _____

Parent/Guardian 1's Employer (Name, Phone, Position): _____

Parent/Guardian 2's Name: _____

Parent/Guardian 2's Address: _____

Parent/Guardian 2's Home Phone: _____ Work Phone: _____

Parent/Guardian 2's Employer (Name, Phone, Position): _____

Other dependent children:

Name of child	Age	School/College	Tuition Amount paid by Parents	Amount of Aid Received by Parents
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other dependents, if any. In case of dependents living outside of your home, please indicate approximate amount of financial assistance rendered each year:

Explain any special family circumstances such as divorce, unemployment, illness, etc.:

Are there any other funds that might be applied to the candidate's education such as legacies, gifts, trust funds, educational insurance, alimony, other scholarships? Explain:

Who assumes responsibility for the payment of tuition and other expenses?

Please state the approximate amount you can contribute towards the Dance Institute's tuition:

The Dance Institute welcomes any further statement you may wish to make which may aid in determining the amount of financial aid that is appropriate for the school to grant. Use additional paper if necessary.

Application for:

- | | | | |
|--------------------------|---------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | School Year | <input type="checkbox"/> | Work Study for Parent |
| <input type="checkbox"/> | Work Study for Student | <input type="checkbox"/> | Both |
| <input type="checkbox"/> | Financial Assistance Only | | |

Parent/Guardian's Signature _____

Parent/Guardian's Name _____

Date _____

**Please attach a copy of your latest income tax return to this application.
The application will not be complete without this information.**