



Financial Aid Application - 2019-2020

DEADLINE: AUGUST 15th
(With the other required documents)

Please fill out BOTH sides of this application in full.

Student's Name: _____
Last First

I am requesting aid for the following:

Class Package	Package Tuition	Aid Requested

Total Assistance Requested for this Student: \$ _____

**Note: Families are required to pay Registration and Performance Fees – please deduct from your total amount requested.*

Parent #1/Legal Guardian Name: _____
Last First

Parent #1/Legal Guardian Place of Employment: _____

Address: _____ Work Phone: _____

Parent #2/Legal Guardian Name: _____
Last First

Parent #2/Legal Guardian Place of Employment: _____

Address: _____ Work Phone: _____

Annual total household income: _____

Number of children in above household: _____

Have you received financial aid from us in the past? _____

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PLEASE USE THIS SPACE TO TELL US ABOUT YOUR NEED FOR FINANCIAL ASSISTANCE

Please provide any additional information you would like the Financial Aid Committee to have, for example, changes in employment status, special family circumstances, etc.

(For office use only)

Registration fee paid: Date: _____

Performance fee paid: Date: _____

Office: Name (Print): _____ Signature: _____

Date: _____