



Dear Parent/Guardian,

The Steffi Nossen School of Dance is dedicated to making the joy of dance available to as many children as possible and provides financial assistance to families in need. The process is confidential and we welcome all applicants.

Please note the following **Required Materials** for financial aid consideration; **due on August 20th:**

1. Completed school Registration Form (enclosed)
2. Completed Financial Aid Application (enclosed) (**late and/or incomplete applications will not be accepted**)
3. The required financial documentation (**as outlined in the attached Required Document Checklist**)
4. \$50 (per family) non-refundable, annual school registration fee

Notification of financial aid award:

1. We expect to contact you regarding financial aid assistance by **September 5th**.
2. The award letter will outline the amount of the award and any balance due.
3. Parents/Guardians must sign the award letter and return it by **September 19th**.
4. We highly recommend that your child continue to take class until you are notified of the aid decision so she/he does not fall behind on the curriculum.

Please note the following additional information:

- Financial Aid is available for all classes on the basis of need and as our resources permit.
- We cannot guarantee aid for more than 1 class per student.
- We cannot guarantee any classes above and beyond your Master Class Package.
- We cannot guarantee any classes above and beyond your Company Package.

If you have any questions about the application process, please contact the office at [admin@steffinossen.org](mailto:admin@steffinossen.org)

We look forward to welcoming you to a wonderful year of dance!

Financial Aid Committee  
The Steffi Nossen Dance Foundation



## FINANCIAL AID APPLICATION - REQUIRED DOCUMENT CHECKLIST

(Complete this checklist by checking each of the boxes of the materials you are submitting and sign at the bottom. Include this completed and signed form with your submission.)

**The following documentation is required for all financial aid applications. Applications without this documentation will not be considered:**

- ☐ Completed and signed Checklist
- ☐ Completed school Registration Form
- ☐ Completed Financial Aid Application (**Incomplete applications will not be accepted and will be returned.**)
- ☐ \$50 (per family) non-refundable, annual school registration fee
- ☐ Signed Copy of 2023 Federal Income Tax Return (pages 1 and 2 of Form 1040A or Form 1040EZ, and if applicable Schedule C)
  - Student must be listed as a dependent
- ☐ Current Pay Stub from Parent #1/Legal Guardian
- ☐ Current Pay Stub from Parent #2/Legal Guardian
  - ☐ If not applicable check here
- ☐ Documentation of all other means of support must be submitted (please provide as many documents that apply to help the Financial Aid Committee make decisions about financial aid awards) such as:
  - Public assistance documentation
  - Proof of eligibility for subsidized school lunches
  - SCHIP (federal/state health benefits for low income families)
  - Social security disability
  - Food stamps
  - SNAP

If you are not currently employed, the following documentation is required:

- ☐ Documentation of current absence of income, such as:
  - Unemployment check
  - Employee termination letter

### Ways to submit your application and required documents:

1. Create PDFs of all documents and email them to [admin@steffinossen.org](mailto:admin@steffinossen.org)
2. Bring or mail hard copies of all documents to the Steffi Nossen office

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**REGISTRATION FORM 2025-2026**

Please fill out the following and email this form to [info@steffinossen.org](mailto:info@steffinossen.org)

Please Check: Returning Student\_\_\_\_ New Student\_\_\_\_ *If new, how did you hear about us?* Website \_\_\_\_ Other \_\_\_\_

Student Name \_\_\_\_\_

Male\_\_\_\_ Female\_\_\_\_ Prefer Not to Answer \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age\_\_\_\_ Grade as of 9/2025\_\_\_\_ School \_\_\_\_\_

Student Address \_\_\_\_\_

City \_\_\_\_\_ State\_\_\_\_ Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Primary Email \_\_\_\_\_ Secondary Email \_\_\_\_\_

PLEASE PRINT/TYPE CLEARLY. *We use email to communicate important information.*

Who do we contact in case of emergency? \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone # \_\_\_\_\_ Email (*print/type clearly*) \_\_\_\_\_

**I WISH TO REGISTER FOR THE FOLLOWING CLASS(ES):**

<i>Class</i>	<i>Day</i>	<i>Time</i>	<i>Package Tuition</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**We offer payment plan options.**

**Please contact the office to learn more.**

Total Tuition: \_\_\_\_\_  
Charitable Contribution: \_\_\_\_\_  
  
Total Due: \_\_\_\_\_

*The Steffi Nossen Dance Foundation provides valuable outreach programs and financial assistance to a wide and varied community. Please help us by including a tax deductible contribution. Thank you for your support.*

**We accept credit cards (no AMEX) for online registration. If you'd like to pay by cash/check, please contact us!**

**Charge my credit card as directed above**

Type: MC VISA

Card# \_\_\_\_\_

3-digit CVC \_\_\_\_\_

expiration date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

**Please share some additional information so that we may provide your child with the best possible dance experience.**

Please let us know if your dancer has any medical conditions (e.g. allergies, medications, physical issues)?

---

---

Does your dancer have any particular emotional/behavioral issues and/or special learning needs? (We would like to best address your child's needs and enhance his/her dance experience. All information will be kept confidential.)

---

---

Do you or your dancer have any other information you might like to share such as personal goals or aspirations as a dancer, special interests, etc.?

---

Are there any additional classes you would like to see offered here at the Steffi Nossen School of Dance?

---

**NO REFUNDS WILL BE GIVEN AFTER THE 2<sup>nd</sup> CLASS. NO REFUNDS OR CREDITS FOR MISSED CLASSES.**

***We recommend you open all emails we send you as they are targeted to you. If you do not receive a confirmation email from us within two weeks of registering, please email the office to ensure that we have your correct information.  
Please add Steffi Nossen School of Dance to your contacts.***

**RELEASE AND CONSENT FORM**

I/we understand that participation in dance classes and activities, whether in-person or online, could involve risk of personal injury, bodily harm or property damage. Despite precautions, accidents and injuries may occur. By signing this Release and Consent Form (Release), I/we (the participant and parent/guardian) assume all risks related to the use of any and all spaces used, or instruction provided, by the Steffi Nossen Dance Foundation, Inc., including the Steffi Nossen School of Dance (Steffi Nossen). I/we agree to release and hold harmless Steffi Nossen, including its teachers, dancers, staff members, employees, directors, insurers, and facilities, from any and all claims, causes of action, losses, or demands now and in the future. I/we agree that we will not hold Steffi Nossen liable for any personal injury or any property damage, which may occur on Steffi Nossen's premises, at participant's home, or elsewhere, before, during or after classes. Furthermore, I/we agree to obey the instructor, class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Steffi Nossen or such other facilities at which I/we participate. In the event that I/we should observe any unsafe conduct or conditions before, during or after my/our classes, I/we agree to report the unsafe conduct or conditions to the School Director, instructor or staff member as soon as possible.

By submitting this Release, I/we also give consent for myself or my child/ward to be photographed/ videotaped during Steffi Nossen's activities. These photos/videos are the property of and for the sole use of Steffi Nossen for promotion and display purposes, including online and through social media, and not for any other commercial purpose.

I/we accept and acknowledge the above terms and conditions and agree to them individually, and as Parent / Guardian on behalf of my child / children / ward. I agree with the above terms AND I agree and accept the payment terms as set forth in the separate participation agreement with Steffi Nossen.

Signature of parent or guardian:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to: Steffi Nossen School of Dance and Center for Movement,  
216 Central Avenue, White Plains, NY 10606  
Phone: (914) 328-1900 Email: [info@steffinossen.org](mailto:info@steffinossen.org)



**Financial Aid Application - 2025-2026  
Returning Student**

**DEADLINE: AUGUST 20th**

**Please fill out BOTH sides of this application in full.**

Student's Name: \_\_\_\_\_  
First Last

I am requesting aid for the following:

Class/Package Requested	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: \_\_\_\_\_  
First Last

Parent #1/Legal Guardian Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_

Parent #2/Legal Guardian Name: \_\_\_\_\_  
First Last

Parent #2/Legal Guardian Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_

Annual total household income: \_\_\_\_\_

Number of children in above household: \_\_\_\_\_

**PAGE 2**  
**Financial Aid Application – 2025-2026**

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

Please provide all information you would like the Financial Aid Committee to have to help in their consideration. For example, changes in employment status, special family circumstances, etc.

---

(For office use only)

☐ Registration fee paid: Date: \_\_\_\_\_

Office: Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: \_\_\_\_\_