



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 10th**.
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 24th**.
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.

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 2025 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
2. Bring or mail hard copies of all documents to the Steffi Nossen office

Name (Print): _____ Signature: _____

Date: _____



REGISTRATION FORM

2026-2027

Please check one: Returning Student New Student
If new, how did you hear about us? Website Other

PLEASE PRINT OR TYPE CLEARLY. We use email to communicate important information.
Please open all emails we send, as they are targeted to you. Add Steffi Nossen School of Dance to your contacts.

STUDENT NAME _____
 Male Female Prefer Not to Answer
 Birth Date ____/____/____ Age ____
 Grade as of 9/2026 _____ School _____
 Student Address _____
 City _____ State _____ Zip _____

Primary Contact Name _____ Relationship to Child _____
 Primary Email _____ Cell Phone _____

Secondary Contact Name _____ Relationship to Child _____
 Secondary Email _____ Cell Phone # _____

Emergency Contact (if different from above) _____ Relationship to Child _____
 Phone # _____ Email _____

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

Class	Day	Time	Package Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Tuition: _____
Charitable Contribution: _____
Total Due: _____

***We offer payment plan options.**
Please contact the office to learn more.

Credit cards only (no AMEX) for online registration.

I choose to remit payment by (circle one): cash / check **OR** charge my credit card
Make checks payable to: STEFFI NOSSEN DANCE

_____	_____	_____	MC or VISA
Card#	expiration date	3-digit CVC	type
_____	_____		
Name on card	Signature		

ADDITIONAL INFORMATION REQUIRED ON REVERSE SIDE

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

Please list the dancer's medical conditions, if any (e.g., allergies, medications, physical considerations):

Does your dancer have any emotional, behavioral, or special learning needs? We ask so that we can best support your child and enhance their dance experience. All information will be kept confidential.

Please list the dancer's prior dance experience:

PAYMENT & REGISTRATION POLICY

Tuition is non-refundable. There will be no refunds or credits for missed classes.

A \$25 fee will be assessed against all returned checks.

We reserve the right to change classes subject to enrollment. Faculty is subject to change.

If you do not receive a confirmation email within two weeks of registering, please contact the office to confirm that we have your correct information.

RELEASE AND CONSENT FORM

I/we understand that participation in dance classes and activities, whether in person or online, may involve the 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 spaces 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 property damage that may occur on Steffi Nossen's premises, at the participant's home, or elsewhere, before, during, or after classes. Furthermore, I/we agree to follow the instructor's, class, and facility rules and take full responsibility for my/our behavior, as well as for any damage I/we may cause to facilities used by Steffi Nossen or other facilities where I/we participate. In the event that I/we observe any unsafe conduct or conditions before, during, or after my/our classes, I/we agree to report them to the School Director, instructor, or staff member as soon as possible.

By submitting this Release, I/we also consent for myself or my child/ward to be photographed or videotaped during Steffi Nossen activities. These photos/videos are the property of Steffi Nossen and may be used solely 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 to the above terms and accept the payment terms set forth in the 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

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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: _____