TUITION ASSISTANCE APPLICATION

Ruth Page Center School of Dance

1 APPLICANT INFORMATION

Name

Email

Mailing Address

City

State ZIP Code

Home Phone

Cell Phone

If an applicant is under 18:
Parent's or legal guardian's name

2 ALL PERSONS LIVING IN THIS HOUSEHOLD

Place a check mark in the box for each family member applying for assistance.

	Name	Date of birth
☐ Parent/Guardian/Adult		
☐ Parent/Guardian/Adult		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Child		
☐ Other dependent(s)		Age(s)

3 I AM APPLYING FOR

Check the category for which you are applying

TUITION

- ☐ Pre-Dance (ages 3-6)
- ☐ Youth (ages 7-17)
- ☐ Training Program
- ☐ Adult/Student

PROGRAM

- ☐ Summer Intensive
- ☐ Service-Learning
- ☐ Victor Alexander Young Men's Scholarship

Summer Intensive applicants only:
What other Intensive options are available to you?

4 PROVIDE THE FOLLOWING DOCUMENTS:

Service-Learning applicants do not need to provide financial documents.

I FILED FEDERAL TAXES FOR LAST YEAR

- ☐ **1040 Federal Tax Form(s)** for all incomes in household
- ☐ I am an individual filing jointly; I am providing **ONE** 1040 form.
- ☐ We filed more than **ONE** tax form in our household; we are providing _____ 1040 forms.

$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

or

I DID NOT FILE FEDERAL TAXES FOR LAST YEAR or MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR

- ☐ **Documents showing most recent 30 days of income** (including pay stubs or documentation of government assistance)

$ _____ **x 12 =**
30 DAYS INCOME MONTHS

$ _____
TOTAL ANNUAL HOUSEHOLD INCOME

To find support documents you may need to provide, go to your State's Dept. of Job & Family Services' website and/or www.IRS.gov.

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that subsidy assistance is based on need. In the event that I or my children must cancel our participation, I will contact Ruth Page Center immediately so sponsorship can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

5

Signature of person completing this form

Date

Bring or email all applicable financial documents to Ruth Page Center for verification, attn. Austin Shirley, or **scholarships@ruthpage.org**.

FOR ADMINISTRATIVE STAFF USE

Date _____

You met with: _____ and _____

You have been pre-approved for a **monthly rate** of $ _____ with a **program subsidy** of _____ %

This pre-approval is valid for 30 days and subject to verification.