



SCHOOL OF CANTON BALLET 2008-2009

## ***Financial Assistance Program Application***

**All applicants must be at least 7 years of age.**

The scholarship provides a percentage of tuition (determined by the number of applicants per semester). The award is for one semester and may be continued for a second semester provided the student has record of regular attendance and demonstrates a positive attitude as verified by the instructor. In most cases, there is no assistance for summer classes or summer workshops.

This application will be reviewed by the financial assistance committee and is subject to approval by the artistic director. The School of Canton Ballet is a not-for-profit organization. Funding for qualified applicants cannot be guaranteed as it is based on funds available. All financial information will be held in strictest confidence.

Name of student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent (s)Email \_\_\_\_\_

Previous dance training? \_\_\_\_\_

How long? \_\_\_\_\_ Where \_\_\_\_\_

If yes, class level? \_\_\_\_\_ Instructor \_\_\_\_\_

How long has applicant attended School of Canton Ballet? \_\_\_\_\_

Has applicant attended another dance school in the past year? \_\_\_\_\_

If yes, explain

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***To be eligible, a student must show a definite financial need by completing this form, attaching copies of the following items and returning forms to Canton Ballet by August 15:***

- A photocopy of the parent(s) or guardian(s) most recent filed income tax return,***
- A photo copy of parent(s) monthly pay stub(s)***
- A copy of parents(s) most current W-2.***

# Parent/Guardian Confidential Information

Father \_\_\_\_\_ Address \_\_\_\_\_

Father's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work address \_\_\_\_\_ Email \_\_\_\_\_

Home & Work Phones \_\_\_\_\_ Monthly \$ \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_

Mother's employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work address \_\_\_\_\_ Email \_\_\_\_\_

Home & Work Phones \_\_\_\_\_ Monthly \$ \_\_\_\_\_

## List all family members living at home:

**NAME**

**AGE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Additional sources of income (interest, alimony, social security, child support, etc.):

**SOURCE**

**AMOUNT**

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

List any other information or unusual circumstances which you think will help the committee make a decision. You may use other side.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
**Signature of person responsible for tuition payments**  
**Verifying the above information is correct.**

*Financial assistance is subject to review each semester*

*All Canton Ballet Company members must participate in the work study program as classroom assistants as a condition of receiving financial assistance*

*Students with a tuition balance due will not be eligible for financial assistance*

*The School of Canton Ballet admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarships and other school administered activities.*

**Please return to: Canton Ballet, 1001 Market Avenue N., Canton OH 44702, 330.455.7220**