**Confidential Request for Financial Aid**

Please return this form in a sealed envelope addressed to “FA, BAA” Due September 14

*Philosophy*: Ballet Arts Academy believes all children deserve the opportunity to receive an education in dance. Following this philosophy, students and parents experiencing financial difficulty paying for classes at Ballet Arts Academy may apply for a need based scholarship.

*Note*: The information provided on this form will be used by members of the Financial Aid Committee to determine scholarships. The BAA Financial Aid committee will hold all information confidential, including the identification of the students receiving financial aid. However, in order to conduct our business, the Financial Aid Committee may need to share student names with BAA's Treasurer, bookkeepers, and other financial consultants.

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| --- | --- |
| Name of financially responsible parent(s) or guardian(s): | Home Phone: |
| Street Address: | City, Zip: |
| E-mail: | Cell phone: |
| Student #1: | Please list name, day, and time of classes enrolled in: |
| Student #2: | Please list name, day, and time of classes enrolled in: |
| Student #3: | Please list name, day, and time of classes enrolled in: |
| Student #4: | Please list name, day, and time of classes enrolled in: |

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| **FOR BAA USE ONLY** |
| Monthly Tuition: | Amount requestor can pay each month : |
|  |  |

Financial Information

*Instructions:* Provide your best estimate of income and expenses during the previous calendar year. **Please also include a copy of your income tax form from the previous year (2016) – This is a requirement for being considered for a scholarship.**

Estimated Annual Income:

Salary/Wages:

Investments:

Child Support:

Bank Account:

Investments:

Real Estate owned:

Other (describe):

Other (describe):

Other (describe):

Total Income:

**Estimated Annual Expenses:**

Mortgage/Rent:

Taxes:

Utilities: Credit Cards and loans (total): Food:

Clothing: Medical and Insurance: Other (describe):

Other (describe):

Other (describe):

Other (describe):

Total Expenses: Income less Expenses:

**We would like you to contribute a portion of the monthly tuition.**

How much of the monthly tuition can you pay?

**Will you need financial aid for the costs associated with the recital in the spring? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is there any other information you would like to provide to assist us with our decision?

I, the below signed Requestor, hereby certify that the amounts listed herein are a true and correct statement of my income and expenses. I agree to report any significant changes to my financial situation to my BAA Liaison within 7 days of that change.

Signature of Requestor: Date:

Requestor will be notified concerning scholarship award no later than 1 month from date received. Until such time, full financial commitment is necessary.