

Ballet Theatre Ashtabula Financial Aid Application



If applying for more than one child, please fill out a separate form for each child.

THIS FORM MUST BE SUBMITTED ONE WEEK BEFORE CLASSES BEGIN AND COMPLETED FULLY EVEN IF YOU HAVE APPLIED BEFORE. If sending via e-mail, please scan and send to info@ashtabulaartscenter.org.

fall session winter/spring session summer session

Student's Name _____ Age _____ Date _____

Address _____
Street City Zip Code

Phone Number: _____ E-mail: _____

Parent/Guardian Name _____ Occupation _____
If unemployed, how long? _____

Parent/Guardian Name _____ Occupation _____
If unemployed, how long? _____

Reason for financial aid request: _____

Please mark all classes being taken in current session

Mon	Tues	Wed	Thurs	Sat
PreBallet___	Ballet II___	Creative Mvmt___	Ballet II___	Yoga___
Ballet I___	Ballet III/IV___	Ballet III/IV___	Ballet III/IV___	
Ballroom Dance___	Beginning Pointe___	CLI___	Pointe___	
PBT___	Inter/Adv Pointe___			
Ballet III/IV___				
Teen/Adult Ballet___				

FOR OFFICE USE ONLY:

Amount of financial aid approved: \$ _____ Amount student pays: \$ _____

_____ Date

_____ Signature of Staff

Student participation in ongoing classes/lessons will be reviewed by Ashtabula Arts Center staff at the end of class sessions or every two months for individual instruction to determine continuation of this offering.