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 list all classes being taken each day in current session:

Mon Tues Wed Thurs Sat

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. Rev. 11/15