

This activity is made possible by the voters of Minnesota through a Minnesota State Arts Board Operating Support grant, thanks to a legislative appropriation from the arts and cultural heritage fund.

FINANCIAL AID APPLICATION

Name of Student		DOB
School	Grade	Current Ballet Level
Home Phone		
Home Address		

Student resides with: one parent two parents relative or guardian

Parent 1/Guardian Name	
Parent 1/Guardian Phone	Email address
Address (If different from student)	
Employer	
Work phone	Position

Parent 2/Guardian Name	
Parent 2/Guardian Phone	Email address
Address (If different from student)	
Employer	
Work phone	Position

Other dependents

Age	School/College	Tuiton-based?	Y	N
Age	School/College	Tuiton-based?	Y	N
Age	School/College	Tuiton-based?	Y	N
Age	School/College	Tuiton-based?	Y	N

Additional circumstances

Aid requested: Temporary financial assistance Need-based financial aid

Explanation of need:

Duration of need: School year Summer Shorter period (dates)

Proposed amount of family contribution _____

Which adult assumes responsibility for payment of tuition and expenses?

Parent/Guardian Name	
Parent Guardian Phone	Email address
Address (If different from student)	

Signature _____ Date _____

If student is age 10 or older (or SPB Level 3 or higher), please attach a short essay on the topic, "Why training at the school of St. Paul Ballet is important to me." (Minimum 500 characters/250 words, maximum 1000 characters/500 words)

Please bring or mail completed forms to:

St. Paul Ballet
655 Fairview Ave. N.
St. Paul, MN 55104

Thank you!