

S I P A U L B A L L E T



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
Home Address	
Previous Dance Experience:	

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	Tuition-based?	Y	N

Additional circumstances

Aid requested: Temporary financial assistance Ongoing Need-based financial aid

Explanation of need:

(Use back if more room for explanation is needed.)

How long will you need a scholarship? School-year Summer Shorter period (dates): _____

Proposed total amount of family contribution for the period listed above \$_____

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 scan and email to lgleason@spballet.org

OR bring or mail completed forms to:

St. Paul Ballet, Attn: Lori Gleason

655 Fairview Ave. N.

St. Paul, MN 55104

Thank you!