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 for YEAR _____

Name of Student	DOB
School	Grade
Home Address	
Previous Dance Experience:	

Student resides with: ☐ one parent ☐ two parents ☐ relatives or guardians

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
Age	School/College	Tuition-based?	☐	Y	☐	N
Age	School/College	Tuition-based?	☐	Y	☐	N
Age	School/College	Tuition-based?	☐	Y	☐	N

Additional circumstances

_____

_____

_____

Aid requested: ☐ Temporary financial assistance ☐ 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 few sentences from the student about "Why dancing at the school of St. Paul Ballet is important to me."

Please scan and email to School Director, Kaylie Bullock kbullock@spballet.org

OR bring or mail completed forms to:
St. Paul Ballet, Attn: Kaylie Bullock
655 Fairview Ave. N.
St. Paul, MN 55104

Thank you!