Financial Aid Application

Applications must be received no later than September 1
All financial information is CONFIDENTIAL

ASPEN SANTA FE BALLET SCHOOL

Aspen Santa Fe Ballet is a non-profit organization committed to providing professional dance education for all children in the community. Though tuition and ticket sales alone do not cover the cost of our operations, through our fundraising efforts, we are able to offer partial tuition reductions. Our funds are limited and qualified students must meet eligibility requirements established by our Board of Trustees.

To be considered for financial aid; applicants must submit their most recent tax returns along with this Financial Aid Application by September 1. Please include tax returns for all wage-earning household members.

Financial Aid awards are valid from October 1 through August 31.

Yearly registration fee, uniforms, costumes, and performance fees are not covered by tuition assistance.

Student requirements:

Students must maintain excellent attendance.

Students must show exemplary classroom behavior.

Students are required to participate in all Aspen Santa Fe Ballet School performances. Students may be asked to assist as classroom demonstrators if age and ability allow.

Parent requirements:

Parents may be asked to volunteer. Volunteer opportunities include: Bulk mailing assistance Poster & flyer distribution

Concession assistance

Backstage chaperone

Failure to meet student/parent requirements may result in loss of financial aid.

Please keep this page for your records and fill out the attached application form.

Please return this form along with your tax return(s) and letter/essay to the appropriate location:

Karen Brettschneider 550-B St. Michaels Drive, Suite 1 Santa Fe, NM 87505 karen@aspensantafeballet.com Kelly Sneddon Walker 245 Sage Way Aspen, CO 81611 kelly@aspensantafeballet.com

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Please be sure to include any recent changes to your financial status or hardships in the letter/essay, especially if those changes are not reflected in your tax documents. Upon review of your application, the organization will assess a percentage of monthly tuition reduction.

| Student Name: | Student's Birthdate: |
|--|---|
| Parent(s) Name(s): | |
| Parent(s) Name(s): | |
| Classes enrolled/Level current year: | |
| Percentage of financial aid requested pe | er month: |
| Number of dependents in household: | |
| Number of household members who ear | rn wages: |
| Total household income for the most re- | |
| Total balance of cash, savings, and check student financial aid: | eking accounts for all household members. Do not include |
| The state of the s | ding real estate holdings for all household members. Do orth means current value minus debt): |
| Total net worth of current businesses for | r all household members: |
| (use back if necessary) | |
| Please list all liabilities and describe: | |
| Names and phone numbers of employer | : |
| | |

Financial Aid Essay Please include a letter or essay describing why this tuition assistance is important to your child/family. You may include additional information such as recent changes in your financial situation or financial hardships that are not reflected in your tax return.