

# NEW HAVEN BALLET

Artistic Director Lisa Sanborn

## Shared Ability Scholarship/Financial Aid Information

### Applicants for Financial Aid must meet the following requirements:

1. The Student's Parents or Guardians must submit the attached application with required supporting documents.
2. Include copy of first 2 pages of most recent Federal Tax Form.

### General Scholarship/Aid Information:

- A limited number of scholarships is available.
- Scholarships are available toward tuition for the Shared Ability program classes only. Scholarships do not cover tickets, registration fee, or dance wear.
- Depending on the terms of the grant or gift that funds them, scholarships are based on
  - Financial need
- Other criteria may apply, depending on the source of the funding for the scholarship/aid.
- Recipients may reapply for successive years without prejudice and applicants are re-evaluated each year by the Financial Aid Committee.
- The amount and terms of scholarships/aid may vary from year to year depending on the funding available.
- Should a student fail to complete the term in which the scholarship is awarded, the student or legal guardian will be liable for the full amount of any outstanding tuition up to the time of leaving the program. In the case of injury or illness, supported by a physician's note, or in the case of unexpected family relocation, the remuneration may be waived.



# Shared Ability

# NEW HAVEN BALLET

Artistic Director Lisa Sanborn

## New Haven Ballet Shared Ability Scholarship/Financial Aid Application

Status (circle one):    New    Returning

Student's Name: \_\_\_\_\_ M\_\_\_ F\_\_\_    Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    Grade: \_\_\_\_\_ School: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_    Status: Married\_\_\_ Divorced\_\_\_ Single\_\_\_ Widowed\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_    Status: Married\_\_\_ Divorced\_\_\_ Single\_\_\_ Widowed\_\_\_

### ***Financial and Other Information:***

*If parents are separated or divorced, a separate application should be completed for each household.*

# of persons living in household: \_\_\_\_\_

Immediate past year adjusted gross income on Federal Income Tax return: \$ \_\_\_\_\_

Total cash on hand (checking, savings, trusts, 401k, etc.): \$ \_\_\_\_\_

List the names of other siblings also applying to NHB's Shared Ability Program for financial aid: \_\_\_\_\_

### ***Applicant(s) Statement:***

The undersigned certify that the information furnished herein and in any attached documents in connection with this application for financial aid is true, correct, and complete to the best of our knowledge. We understand the information will be held in strict confidence.

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Attachments:** All applications **must** include a copy of the first two pages of your most recent Federal Tax Form. Applicants are encouraged to include any additional information that would be helpful to the committee in evaluation of your financial needs. Submit in an envelope marked *Personal & Confidential* to the **Scholarship Committee, New Haven Ballet, 70 Audubon St., New Haven, CT 06510.**