



LISA SANBORN  
ARTISTIC DIRECTOR

### New Haven Ballet Scholarship/Financial Aid Application

Status: New\_\_\_\_ Returning\_\_\_\_ Entering NHB Level\_\_\_\_\_

Student's Name: \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entering Grade: \_\_\_\_\_

School: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

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\_\_\_\_

**Studios:**  
DANSPLACE & STUDIO 70  
The Community Foundation Building  
70 Audubon Street  
New Haven, CT 06510

WHITNEY ARTS  
591 Whitney Avenue  
New Haven, CT 06510

**Mail:**  
800 Village Walk  
Suite 204  
Guilford, CT 06437

**Tel:**  
203-782-9038

**Email:**  
administrator@newhavenballet.org

**Web:**  
newhavenballet.org

**New Haven Ballet Scholarship/Financial Aid Application**

**Student's Name:** \_\_\_\_\_

***Financial and Other Information:***

*If parents are separated or divorced, a separate application must 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.): \$ \_\_\_\_\_

Significant circumstances or recent changes to household income:

\_\_\_\_\_

Names of other siblings also applying to NHB 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

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
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 **Financial Aid Committee, New Haven Ballet, 800 Village Walk, Box 204, Guilford, CT 06437.**