

Scholarship / Financial Aid Application (Confidential)

INSTRUCTIONS: Please complete this application in full. Financial aid is available to students ages 6 to 19 who demonstrate a strong commitment to classical ballet and have a verified financial need.

Incomplete or late applications will not be considered. All submitted information is kept strictly confidential.

Application Submission Period: June 1 - August 1

Submit To:
New Haven Ballet
Financial Aid Committee
800 Village Walk, Box 204
Guilford, CT 06437
Or Email: businessmanager@newhavenballet.org

1. Student Information

- Status: 🗆 New 🗆 Returning 🛛 Entering NHB Level:
- Student's Full Name:
- Gender Identity:
- Date of Birth: / /
- Entering Grade (School Year):
- School Name:
- Home Phone: ()
- Home Address:
City: State: ZIP:
2. Parent/Guardian Information Parent/Guardian 1

- Name: _____

- Relationship to Student:
- Phone (Home/Cell): ()
- Email:
- Occupation:
- Employer:
- Work Phone: ()
- Marital Status: 🗆 Married 🗆 Divorced 🗆 Single 🗆 Widowed
Parent/Guardian 2
- Name:
- Relationship to Student:
- Phone (Home/Cell): ()
- Email:
- Occupation:
- Employer:
- Work Phone: ()
- Marital Status: 🗆 Married 🗆 Divorced 🗆 Single 🗆 Widowed
3. Financial Information (If parents are separated or divorced, each household must complete a separate application.)
- Number of persons living in household:
- Adjusted Gross Income (last tax year): \$
- Cash & Liquid Assets (checking, savings, 401k, etc.): \$
- Significant recent changes in income or financial situation (explain):
- Other children applying for NHB aid (name/relationship):

4. Student Statement

Required: Please attach a short essay *or* drawing.

Prompt: Tell us what ballet means to you, how receiving a scholarship will support your goals, and include any personal experiences that reflect your passion and dedication.

5. Required Attachments

Please include the following with your completed application:

- 🗆 First two pages of your most recent federal tax return
- 🗆 Student essay or drawing

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Optional: Any additional documentation you wish the committee to consider

6. Signatures & Certification

We certify that all information provided is true and complete to the best of our knowledge. We understand that all information will be kept confidential and used solely for the purpose of evaluating this application.

Parent/Guardian 1 Signature:	Date:
Parent/Guardian 2 Signature:	Date:

Student Signature (if age 12+): _____ Date: _____

Submission Checklist

- \Box Completed Application Form
- 🗆 Federal Tax Return (2 pages)
- 🗆 Student Essay or Drawing
- 🗆 Additional Info (Optional)
- Submitted between June 1 and August 1