

Berkeley Ballet Theater
Application for Tuition Assistance
Children's and Youth Division Levels 1 through 7 Only

To apply for partial tuition assistance, fill out this form and submit it to the office by September 1, 2011. You must pay at least the first of 3 payments to be considered. We do not award full-year tuition. In the past, tuition assistance awards have ranged from 5% to 30% of annual tuition. Awards are based on an objective assessment of financial need. Decisions of the Board of Directors are final.

Name of Student _____ Ballet level _____ (levels 1 through 7 only)

Parent or Guardian #1:

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State ____ Zip _____

Occupation _____ Projected annual wages \$ _____ (2011) \$ _____ (2012)

Employer _____ Employer's phone _____

Employer's address _____ City _____ State ____ Zip _____

Parent or Guardian #2:

Name _____ Home phone _____ Work phone _____

Address _____ City _____ State ____ Zip _____

Occupation _____ Projected annual wages \$ _____ (2011) \$ _____ (2012)

Employer _____ Employer's phone _____

Employer's address _____ City _____ State ____ Zip _____

Children/dependents in the household (including the student named above):

Name _____ Age ____ School _____ Annual school tuition \$ _____
 (less assistance -\$ _____)

Name _____ Age ____ School _____ Annual school tuition \$ _____
 (less assistance -\$ _____)

Name _____ Age ____ School _____ Annual school tuition \$ _____
 (less assistance -\$ _____)

Name _____ Age ____ School _____ Annual school tuition \$ _____
 (less assistance -\$ _____)

Name _____ Age ____ School _____ Annual school tuition \$ _____
 (less assistance -\$ _____)

We rent / own our home (circle one)

Monthly **rent** or **mortgage** payment \$ _____

Other sources of income:

Other (non-household) expenses:

Interest/dividends \$ _____ per _____
 Rental income \$ _____ per _____
 Alimony/Child support \$ _____ per _____
 Unemploy/Disability \$ _____ per _____
 Family support \$ _____ per _____
 Other _____ \$ _____ per _____

Unreimbursed medical \$ _____ per _____
 Adult education \$ _____ per _____
 Alimony/Child support \$ _____ per _____
 Other _____ \$ _____ per _____
 Other _____ \$ _____ per _____
 Other _____ \$ _____ per _____

I (we) affirm that the information submitted here is accurate and complete to the best of my (our) knowledge.

I (we) **attach** a copy of my (our) most recent federal tax return (page 1 and 2 of **Form 1040**).

Signature of person(s) responsible for payment:

 Signature Date Signature Date