Tuition Assistance Application

Fall 2020 - Summer 2021

Applicant Information:





Late applications will be considered on a rolling basis for NEW FAMILIES only.

Southold Dance Theater offers tuition assistance on an annual basis to a limited number of students ages 3-18. The amount of assistance may vary depending on the circumstances of the student and their family. The information obtained in this application will help us understand the financial situation of the family and to make certain that we award assistance to those qualified students whose need is the greatest. This application and its contents will be kept strictly confidential.

It is necessary to include a copy of the most recent income tax return, W-2's, 1040, or 1040EZ, and any schedules for both parents in order to be considered for any amount of financial assistance.

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Name of Student		DOB	
Class Level:			
	State		
Parent Name			
	State		
Home Phone	Cell Phone		
Employer	Occupation		
Parent Name			
Address			
	State		
Home Phone	Cell Phone		
Fmplover	Occupation		

Family Narrative
*This portion is optional but may assist in providing additional information necessary to describe your circumstances.
Have you ever received tuition assistance from Southold Dance Theater? If so, what percentage?
Please describe your family's current financial resources and any other factors affecting your finances that you would like Southold Dance Theater to take into consideration.
Please describe your child's interest or experience with dance. Please also include any experiences directly related to Southold Dance Theater.

Terms of Tuition Assistance Agreement:

Tuition Assistance grants you a reduced rate for enrollment at Southold Dance Theater for an entire year up to 66% of the total tuition cost. The parent(s)/guardian of the student is responsible for paying the remainder of the tuition cost. This payment must be paid in full on or before the student's first class. A payment plan can be arranged through the office if necessary. Students who receive financial aid are responsible for attending class each week. Make-up classes are available in case of illness.

By signing this contract, I acknowledge that I have read and understand the following statements:

I certify that all information provided on this application and the accompanying tax forms are true and complete to the best of my knowledge.

I have read and agree to the terms of the Tuition Assistance agreement.

Parent/Guardian Signature	Date
Printed Name	