

Heartland CONSERVATORY OF DANCE

Financial Aid / Work-Study Application

IMPORTANT: Work-Study financial assistance is limited and not guaranteed. An application will be reviewed and considered only after a student is registered for the Program.

Please submit one application per family. Attach a copy of each parent's most recent tax return to this application. Most recent Tax Return must accompany this application for consideration. If parents are separated/divorced, attach tax return of parent with whom the child resides. Completed form must reach the School Office for consideration by Sept 10th – applications received later than September 10th may not be considered.

FAMILY INFORMATION

Student's name: _____ M ___ F ___ Birthdate: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone number: _____ Email: _____

Father/Guardian name: _____ Occupation: _____

Employer: _____ Work phone: _____

Mother/Guardian name: _____ Occupation: _____

Employer: _____ Work phone: _____

Student lives with: _____ Relationship: _____

Are parents divorced or separated? _____ Child Support received? _____

List all dependent children:

Name	Age	School/Grade	If applicable, Academic Tuition per year	Financial Aid received
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Income:	2017	2018	2019
		(Estimate / Actual)	(Estimate)
Father/Guardian (Adjusted Gross):	_____	_____	_____
Mother/Guardian (Adjusted Gross):	_____	_____	_____
Other:	_____	_____	_____
Other:	_____	_____	_____
Total:	_____	_____	_____

(Continued on Back)

ASSETS

Home: Present Market Value \$ _____ Unpaid Mortgage \$ _____
Other: Present Market Value \$ _____ Unpaid Mortgage \$ _____

Bank Accounts: (please list amounts as of the date of filing this form)
Savings \$ _____ Checking \$ _____ Investments \$ _____

Vehicles:	Year and Make	Amount owed
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Please list the source and amount of any extraordinary expenses, such as medical bills not covered by insurance, etc. (Do not list debts such as department store charge accounts, credit cards, etc.)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Remarks:

Please list on a separate sheet any extenuating circumstances – i.e. sickness, unemployment – that should be considered for this application.

What portion of the total program charges are you able to contribute \$ _____

This question must be answered for application to be considered and processed.

I declare to the best of my knowledge that the information on this form is true and correct.

Applicant(s) signature: _____ Date: _____

_____ Date: _____

***CONFIDENTIALITY: All information on this application will be treated in strict confidence.
We ask that you also treat in strict confidence the amount of aid you may receive.***