**Young Artists Program**

**Financial Aid Application**

**Fall Semester 2019**

**(Please print all information)**

The Young Artists Program provides some financial assistance to students who demonstrate need.

In order to facilitate this process, please fill out the information below.

Please sign and date this form and return to Tami Alesson at talesson@marthagraham.org no later than Sat. September 7, 2019. Or bring documentation to the placement audition on Sept. 7th.

 You must include a copy of the 2018 IRS 1040 or 1040EZ Tax Return Forms for each person listed in “Household Income” above.

**Student Information:**

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_\_\_\_

**Household Income:** Please list all persons, related or otherwise, who live in the household and share living expenses.

Name Current Employer Occupation and Title Total Income

 reported on IRS 1040

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

Additional annual income from other sources: \_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount able to contribute toward tuition \_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependents:**

Please list all your financial dependents, and indicate the amount of monetary assistance received for each year from extra - familial sources.

Name Relationship Age School (if applicable) Amount of

 Financial Assistance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Additional Information:**

Please use the space below to describe any extenuating circumstances or additional information not reflected in this application or on your 1040 or 1040EZ form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Certification:** I certify that all of the information provided is true and that all household income is reported. I understand that incomplete information will hinder the financial aid process for my child. I understand that the information contained in the application will be kept confidential by the Martha Graham School.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature Date**