



**FINANCIAL AID
APPLICATION FORM**

FOR OFFICE USE ONLY	
Date Rec'd:	_____
Financial Aid	_____ %
Lesson Fee \$	_____

Need-based assistance is available only to qualified applicants. All information will remain confidential. It is used by Arts Academy administration to determine the percentage of aid to be provided; the student or parent/guardian is responsible for the balance.

This form must be completed prior to enrollment and at least once a year thereafter. Please complete all information, read and sign the agreement at bottom, and return with a current Registration Form to: Arts Academy, 818 N. Market St, Wilmington, DE 19801 or fax (302) 652-5346.

If you have any questions or need help, please contact Pamelyn Manocchio at (302) 658-7897 or pmanocchio@grandopera.org.

I. CONTACT INFORMATION

Student Name _____

Parent/Guardian _____ Relationship _____

Preferred phone _____ Circle: Home / Work / Cell

E-mail address _____

II. FINANCIAL INFORMATION

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child receive free meals from his/her school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child receive reduced meals from his/her school? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the family receive SNAP or TANF benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child in foster care? |

Household Size: Number of Adults _____ Number of Children _____

You must count yourself and every person living in your household, related or not (such as grandparents, other relatives, or friends).

Total Household Income: \$ _____ / _____

You must tell us how much and how often. Example: \$100/year, \$100/month, \$100/week. Report gross income (earnings before deductions), as well as welfare, child support, alimony, pensions, Social Security, unemployment, and all other income sources.

I certify (promise) that all information on this form is true and that all income is reported. I understand that the Arts Academy at The Grand will provide assistance based on the information I give. I understand that the Arts Academy may verify (check) the information by requesting official documentation. I understand that false information is grounds for forfeiting all financial aid. I also understand that financial aid is contingent upon the student's progress and participation in all lessons, ensembles and related activities, according to the Student Policy.

Signature (Student if age 18 or older, or Parent/Guardian) Date