SUMMER DANCE LAB at Whitman College

509.386.0448 Fax 201.918.5946

sdl@whitman.edu <u>www.summerdancelab.com</u> or <u>www.whitman.edu/summer_dance</u>

FINANCIAL AID APPLICATION

Must be received by SDL by May 1st

Send form and tax return to:

John Passafiume, 131 Highland Ave., Jersey City, NJ 07306.

Applicants must submit a copy of parents' IRS Form 1040 for most recent filing Please also submit a letter of recommendation from your current ballet instructor and a letter from yourself.

LAST NAME			FIRST NAME			F
MAILING ADDRESS_						
CITY						
HOME PHONE ()	c	ELL PHONE ()		
DATE OF BIRTH		AGE AT S	START OF SDL 201	l1 PROGR	AM	
PARENT/GUARDIAN	'S NAME					
CURRENT DANCE IN:	STRUCTOR					
STUDIO NAME AND	ADDRESS					
CITY	STATE	ZIP	STUDIO E	-MAIL		
STUDIO PHONE ()					
FAMILY INCOME EAI	RNED	COST	OF DANCE LESSO	ONS PER Y	EAR	
NUMBER OF CHILDR	EN LIVING AT H	OME				
AGES OF CHILDREN	AT HOME					
SINGLE PARENT			GRANDPARENT	S	OTHER	
PLEASE FEEL FREE TO						
INTO CONSIDERATION						

Financial Aid is granted based on need. We have a very limited amount of money available for aid. Do not overlook your local service organizations for sponsorship as well. Don't be afraid to ask for help. Be resourceful and creative!