



2018-19 Financial Aid Application Clown Conservatory

PLEASE COMPLETE ASAP, NO LATER THAN MARCH 1, 2018.
DECISIONS ANNOUNCED BY APRIL 1, 2018.

Please complete the entire form, sign and date it. ALL INFORMATION IS CONFIDENTIAL. Completion of this application does not guarantee approval.

Student Information

First Name	Last Name	Do you receive/earn income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
City	State	Zip
Email	Cell	Date of Birth

Parent Information (if student is still claimed by parents as a dependent)

First Name	Last Name	Do you receive/earn income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		
City	State	Zip
Email	Cell	Home

Household Income

PLEASE ATTACH PHOTOCOPIES OF APPROPRIATE QUALIFYING DOCUMENTS FOR YOURSELF OR YOUR PARENTS, IF THEY STILL CLAIM YOU AS A DEPENDENT:

1. Your most recent federal tax return (tax year 2016 or 2017)

If you have not filed a federal tax return in either 2016 or 2017, please attach one of the following:

1. Paystubs from your current employer or a letter on company letterhead stating your monthly salary for the most recent two month period
2. Proof of continued full time enrollment status and proof of tuition payments
3. Any other stub/voucher received stating your monthly income for most recent two month period.

Please detail your assistance income:

Unemployment: \$ _____ Social Security (SSI): \$ _____
Disability: \$ _____ Child Support/Alimony: \$ _____
Pension/Retirement: \$ _____ Other: \$ _____

Are there any other factors that you would like us to consider in evaluating you need? (Please attach another piece of paper if you need more space)

Financial assistance expires each year. Supporting documents will not be returned, no originals will be accepted.

Authentication Statement

I acknowledge by my signature below, that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need, if requested. I am aware that on-time payments are required to receive financial assistance. I understand that I am subject to all Circus Center policies and codes of conduct.

Student Signature

Date

Parent Signature (if applicable)

Date

CIRCUS CENTER financial assistance is made available through donations, grants and earned income.

FOR STAFF USE ONLY:

Received By

Date Received

Reviewed By

Date Reviewed

Student(s) Program

Financial Aid Determination