

**FINANCIAL AID APPLICATION FOR  
KANSAS CITY BALLET SCHOOL**

Kansas City Ballet School Scholarships (full + partial) are awarded on the bases of age (approximately 12 years and up), talent, commitment, and financial need. The questions asked in this application are designed to help the School understand the family's financial position, and to make certain that financial aid can be awarded to those qualified students whose need is greatest.

**The information supplied in this application will be considered strictly confidential.**

1. School year or session assistance is sought for \_\_\_\_\_

2. Name of student \_\_\_\_\_

3. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

4. Present grade in school \_\_\_\_\_

5. Address \_\_\_\_\_

\_\_\_\_\_ (zip code)

6. Home Phone \_\_\_\_\_

7. Email Address \_\_\_\_\_

8. Mother's Name \_\_\_\_\_

9. Mother's Cell Phone \_\_\_\_\_

10. Mother's Address if different from child \_\_\_\_\_

\_\_\_\_\_ (zip code)

11. Father's Name \_\_\_\_\_

12. Father's Cell Phone \_\_\_\_\_

13. Father's Address if different from child \_\_\_\_\_

\_\_\_\_\_ (zip code)

14. Names and ages of siblings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Please list other dependents, if any \_\_\_\_\_

\_\_\_\_\_

16. Explain here any special family circumstances that affect this application such as divorce, illness, separation, unemployment:

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(You may extend your explanation on additional sheets of paper and attach to this form)

17. Father's Business \_\_\_\_\_

Business Phone & Address \_\_\_\_\_

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(zip code)

18. Mother's Business \_\_\_\_\_

Business Phone & Address \_\_\_\_\_

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(zip code)

19. Please give the following information from the previous Tax year **BEFORE** deductions for taxes, social security, etc:

a.) Father's gross income for last calendar year \$ \_\_\_\_\_

b.) Mother's gross income for last calendar year \$ \_\_\_\_\_

c.) Applicant's earned income (if any) \$ \_\_\_\_\_

**Please note that the above figures MUST be supported by a copy of the most recent IRS 1040 (income tax) form. Applications submitted without an accompanying IRS 1040 form will not be considered by the Scholarship Committee.**

20. Which parent, or other adult, assumes responsibility for the payment of tuition and other education expenses?

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

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(zip code)

Signature \_\_\_\_\_

Date \_\_\_\_\_