

ARTS ALLIANCE FINANCIAL AID APPLICATION

A limited amount of financial aid is available to families displaying financial need. Please fill out the form below and return with the completed registration form. Applications are reviewed on an individual basis and all information is kept confidential.

Date: _____ [Received: _____ Reviewed: _____ Awarded: _____]

Student's name: _____ School: _____ Gr. _____

Name of Program: _____

Parent/Guardian 1: _____ Email: _____

Address: _____

Town: _____ Zip: _____

Phone: (daytime) _____ (evening) _____

Parent/Guardian 2: _____

Address: _____

Town: _____ Zip: _____

Phone: (daytime) _____ (evening) _____

Annual income \$ _____ # of people this income supports _____

Please provide a signed copy of your most recent tax return.

Please include information describing financial circumstances:

Program tuition amount: \$ _____ Amount of aid requested: \$ _____

Would a payment plan be helpful? _____

Return to: Arts Alliance
155 Apsley Street
Hudson, MA 01749-1697

Call 978-562-1646 or email arts_alliance@upwitharts.org with questions.