



mailing address: P.O. Box 114, Mankato, MN 56002-0114 | studio address: 731 South Front Street, Mankato, MN 56001
phone: 507.625.7716 | website: mankatoballet.org

Financial Assistance Application

This form must be completed legibly and in its entirety in order to be processed.

Section 1

Student Name _____ Age _____ Class Level _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____ Cell _____

Do you currently qualify for free or reduced lunch program through your school district? Yes ___ No ___
If yes, please provide a copy of your verification notice and proceed to Section 3.

Section 2

Please list all household members:

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Note: Monthly income includes gross wages, child support, alimony, public assistance, social security, unemployment and any other type of income.

Section 3

Please list other financial assistance or scholarship funds your family is currently receiving.

Section 4

If your family is currently experiencing extraordinary financial difficulties, please write a brief description of those circumstances.

Section 5

Please indicate what amount monthly that you would be able to pay for your students ballet instruction:

Signature of Applicant _____ Date _____