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PO Box 2067  
Chapel Hill, NC 27514

## Tuition Assistance Application

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Board of Directors  
Lauren Lorentz de Haas  
Nicole Holtry  
Tina Megaro  
Fara Palumbo  
Dave Stuckey

Faculty  
Audrey Fenske  
Christine Grider  
Amanda Hall  
Lauren Lorentz de Haas  
Sarah Honer  
Sharon McClellan  
Courtney Saffie  
Kate Vollrath  
Hannah Widener

Guest Teachers  
Peter Di Falco  
Sarah Honer  
Ashlyn Sumner  
Marlon Torres

The Triangle Youth Ballet is a 501 (c)(3) nonprofit and a member of the North Carolina Center for Non-profits.

The Triangle Youth Ballet admits students of any race, color, national and ethnic origin to all programs and activities.

The Triangle Youth Ballet requires that individuals applying for tuition assistance, provide the requested information on the attached form regarding income, family size and necessary expenses so as to provide financial assistance in a fair and consistent manner.

It is also required that individuals reapply when requested.

To process your application, please attach the following information:

- copy of 2010 tax return and
- copies of the last two pay stubs or
- a copy of your SSI or SSDI checks ( or bank statements, if received by automatic deposit)

Applications for the fall are due by September 15 and will be processed by September 30. Applications for the spring are due by January 10 and will be processed by January 31.

All TYB members receive the same membership benefits, regardless of whether or not they are receiving assistance.

APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.



PO Box 2067

Chapel Hill, NC 27515

# Tuition Assistance Application Cover Sheet

*-All applications must be based on family/household income including parents/partners, child support, social security benefits, retirement benefits, SSDI benefits, etc.*

*-The Triangle Youth Ballet reserves the right to hold processing of scholarship forms until all pertinent information is submitted.*

*-Application reviewer should notify applicants by phone if additional information is needed or if forms have not been thoroughly completed.*

*-Scholarship requests must be submitted for each school year. No scholarship funding is available for summer sessions.*

*-The scholarship program does not affect membership fees.*

*-Tuition assistance is evaluated by a panel and approved by the Artistic Director.*

*-All financial requests will take 10-14 days to process and notification of scholarship funding will be mailed to the applicant.*

*-The Triangle Youth Ballet reserves the right to set a limit on the number of scholarships available for any class offered.*

*-The Triangle Youth Ballet reserves the right to set a limit on the number of consecutive classes/semesters that a dancer receives funding.*

*-A file of scholarship funds granted will be kept. This file will include names, addresses, and amount of assistance each dancer received.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check off the boxes to indicate that the materials are enclosed

- A completed our INFORMATION PAGE
- A completed our INCOME/EXPENSE WORKSHEET
- A copy of 2010 tax return.
- Two most recent bank statements.
- Two most recent pay stubs.
- Proof of any other assistance or income you receive (SSI or SSDI , food stamps, child support, etc. )

*APPLICATIONS WILL BE PROCESSED ONLY AFTER ALL INFORMATION IS SUBMITTED AND THE APPLICATION IS FILLED OUT COMPLETELY.*

*INFORMATION WILL BE KEPT PRIVATE AND CONFIDENTIAL.*

Applications for the fall are due by September 15 and will be processed by September 30. Applications for the spring are due by January 10 and will be processed by January 31.

All TYB members receive the same membership benefits, regardless of whether or not they are receiving assistance.

The Triangle Youth Ballet admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to our students and does not discriminate on the basis of race, color or ethnic origin in its admission policies, educational policies, scholarships and other school-administered programs.

# INFORMATION PAGE

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## PERSONAL INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race \_\_\_\_\_  
Name of dancer \_\_\_\_\_  
Class for which assistance is sought \_\_\_\_\_

Are you a full time student? \_\_\_\_\_ If yes, where? \_\_\_\_\_ Are you married? \_\_\_\_\_ Is your spouse a full-time student? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Total number of dependents: \_\_\_\_\_

List names (last names too, if different from applicant) and ages of all persons in your household.  
(Your household includes dependents as claimed on your federal income tax return)

1	_____	age	_____	5	_____	age	_____
2	_____	age	_____	6	_____	age	_____
3	_____	age	_____	7	_____	age	_____
4	_____	age	_____	8	_____	age	_____

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## EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position: \_\_\_\_\_ Length of employment: \_\_\_\_\_  
Part-time : \_\_\_\_\_ Full time: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of employment: \_\_\_\_\_  
Part-time: \_\_\_\_\_ Full time: \_\_\_\_\_ Gross monthly income: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

# INCOME /EXPENSE WORKSHEET

**Income:**

- \$\_\_\_\_\_ 1) Your Gross Monthly Income
  - \$\_\_\_\_\_ 2) Spouse's Gross Monthly Income
  - \$\_\_\_\_\_ 3) Child Support
  - \$\_\_\_\_\_ 4) Aid to Dependent Children
  - \$\_\_\_\_\_ 5) Welfare (submit copy of card)
  - \$\_\_\_\_\_ 6) Food Stamps
  - Y\_\_\_ N\_\_\_ 7) Reduced Lunch Program  
(submit copy of card)
  - \$\_\_\_\_\_ 8) Other (please explain)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \$\_\_\_\_\_ Total Monthly Household Income
- \$\_\_\_\_\_ Total Annual Household Income

**Expenses:**

- \$\_\_\_\_\_ 1) Rent / Mortgage
  - \$\_\_\_\_\_ 2) Auto Loan
  - \$\_\_\_\_\_ 3) Utilities
  - \$\_\_\_\_\_ 4) Phone (listed in your name)
  - \$\_\_\_\_\_ 5) Child Support
  - \$\_\_\_\_\_ 6) Medical
  - \$\_\_\_\_\_ 7) Child Care
  - \$\_\_\_\_\_ 8) Other (please explain)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \$\_\_\_\_\_ Total Monthly Household Expenses
- \$\_\_\_\_\_ Total Annual Household Expenses

Do you share expenses with anyone else in your household? \_\_\_\_\_

Total number in household: \_\_\_\_\_

How much can you afford to pay? \$\_\_\_\_\_

Reason applying for Tuition Assistance Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the Triangle Youth Ballet within 30 days. If I submit false or inaccurate information, or fail to notify the Triangle Youth Ballet within 30 days of any changes, I may be terminated from the Tuition Assistance Program.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date