



PO Box 2067  
Chapel Hill, NC 27515

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

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

## Tuition Assistance Application

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 2022 tax return and
- copies of the last two pay stubs or
- 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.**



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## 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.

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

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

Check the boxes to indicate materials are included.

- A completed INFORMATION PAGE
- A completed INCOME/EXPENSE WORKSHEET
- A copy of 2022 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 processed by September 30. Applications for the spring are due by January 10 and 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 or race, color or ethnic origin in its admission policies, educational policies, scholarships and other school-administered programs.

PERSONAL INFORMATION

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

Total number of dependents: \_\_\_\_\_  
Are you a full time student ? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
Are you married? \_\_\_\_\_ Is your spouse a full-time student? \_\_\_\_\_  
If yes, where? \_\_\_\_\_

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 \_\_\_\_\_

EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_  
Part-time : \_\_\_\_ Full time: \_\_\_\_

Supervisor's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Part-time : \_\_\_\_ Full time: \_\_\_\_

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)

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\$\_\_\_\_\_ 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)

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\$\_\_\_\_\_ 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? \_\_\_\_\_

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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

Fill out a box for each dancer in your family:

1 Student Information	
Name of Student	
Date of Birth	
Age	
Enrollment Information	
Class (es)	

2 Student Information	
Name of Student	
Date of Birth	
Age	
Enrollment Information	
Class (es)	

3 Student Information	
Name of Student	
Date of Birth	
Age	
Enrollment Information	
Class (es)	