

# Tuition Assistance Application

(updated July 2023)

We look forward to helping your family join us for classes at the Arts Center! Thank you for your time in filling out this application for our Education Committee, which meets regularly throughout each term to assess applications. Our committee is made up of FOA staff, board members, and community leaders that are committed to making arts education accessible to all. Please read this entire page before proceeding.

Your student(s) may begin attending classes either before OR after a decision is made by the committee, but your reduced monthly tuition payment will not go into effect until an agreement has been signed by both the FOA and the participating family. Students with a professionally diagnosed physical, emotional, or mental handicap are eligible for a partial waiver of tuition, regardless of family income.

Please note that this application must be filled out entirely due to federal regulations. Blank lines and unanswered questions will cause your application to be delayed.

## **Before completing this application, please note our eligibility guidelines:**

- All families will be required to pay at minimum 25% of their total tuition cost.
- Partial waiver of tuition may or may not be granted beyond 2 classes
- Considerations are:
  1. total reported household income (from tax documents),
  2. skills to contribute to and with our Work Study program,
  3. additional extracurricular activities for which the household pays for,
  4. history of remaining balances at the FOA (either financial or work study),
  5. past class attendance of student,
  6. number of children in the household taking classes, and
  7. completion of entire application and tax document submissions.
- Students teaching or working for other dance studios are always welcome to enroll in classes with the FOA, however they cannot be considered for tuition waiver.

## **The FOA's commitment to our tuition assistance applicants:**

- Your account information will be placed in a very secure location and will not be shared.
- We will hold each family accountable for their commitments of time outlined in their Work Study Contract. If a family does not complete their hours or pay the balance by the end of their annual commitment, we will plan to take the subsequent balance from the account provided per the agreement. If the debit is returned for insufficient funds, we will turn the remaining balance over to collections.
- Once enrolled, your student(s) will not be treated any differently than others around them in class.

I have read and understand the policies listed above. \_\_\_\_\_

(printed name & date signed)

## Student/Parent/Legal Guardian Information:

Students Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parents: (mother) \_\_\_\_\_ (father) \_\_\_\_\_

Guardian(s) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Place of employment: (mother) \_\_\_\_\_

Name of supervisor: (mother) \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Place of employment: (father) \_\_\_\_\_

Name of supervisor: (father) \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Physical home address: \_\_\_\_\_

(street)

(city/state)

(zip code)

Mailing address: \_\_\_\_\_

(street)

(city/state)

(zip code)

## Household Income Information

Number of persons living in the home: \_\_\_\_\_ Number of employed persons in the home: \_\_\_\_\_

Is Parent/Legal Guardian a full-time college student? Yes / No

Annual household income:

	<u>less than \$20,000</u>
	<u>\$20,000 to \$30,000</u>
	<u>\$30,000 to \$40,000</u>
	<u>\$40,000 to \$50,000</u>
	<u>\$50,000 to \$60,000</u>
	<u>\$60,000 to \$70,000</u>
	<u>\$70,000 to \$80,000</u>
	<u>\$80,000 to \$100,000</u>
	<u>\$100,000+</u>

Official tax documents reflecting total household income must be submitted alongside this (completed) application. Failure to submit proof of total household income will result in rejection of your application.

Please note that a paycheck stub does not give sufficient information to grant assistance and cannot be accepted as proof of income. We appreciate your understanding with this.

Approximate amount of income gifted annually from friends or extended family members \_\_\_\_\_

Is the child eligible to receive free or reduced lunch at school?    Yes    /    No

Please indicate any unique financial circumstances to be considered (check all that apply):

Recent extreme cut in household income

If checked, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Unexpected medical bills or medical issue

Unexpected living circumstance or added household members

Other (please explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

My child wishes to participate in more than 2 classes per week

Our annual household income is greater than \$80,000, however, I am still applying for tuition assistance (please share more information below): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **FOA Work Study Program**

In partnership with our tuition assistance program, qualifying families are eligible to complete the equivalent of 1 hour of work (for and assigned by the FOA) to equal value of \$12.00 toward their yearly tuition total. For example: if a family's total yearly tuition cost is \$120.00, 10 hours of work study may be granted to alleviate that portion of the cost. In some cases, partial work study and partial scholarships may be granted.

If your family is unable or unwilling to participate in the Work Study program, please indicate why below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Work Study Applicant Information**

Name of the person(s) who will be working \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

I am interested in Work Study because:     My child is taking classes     I am taking classes

My child's or children's name(s): \_\_\_\_\_

When I come to work at the FOA, I will be: \_\_\_\_\_ coming alone \_\_\_\_\_ bringing my child(ren) with me  
*Please note: children may only accompany you if prior permission has been given by a member of the FOA Staff.  
 Children should not be left unattended on the premises while work is being performed.*

I am available to participate in Work Study tasks from...  
 (please check all times/days that work well for your current schedule)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10am-12pm							
11am-1pm							
12pm-2pm							
1pm-3pm							
2pm-4pm							
3pm-5pm							
4pm-6pm							
5pm-7pm							
6pm-8pm							
7pm-9pm							

I have skills/experience in the following areas (please check all that apply):

<input type="checkbox"/> Sewing/Costuming	<input type="checkbox"/> Ushering/door greeting	<input type="checkbox"/> Other (please share!):
<input type="checkbox"/> Stage makeup/wigs	<input type="checkbox"/> Poster routes	
<input type="checkbox"/> Working a fly rail	<input type="checkbox"/> Basic secretarial tasks	
<input type="checkbox"/> Set painting	<input type="checkbox"/> Answering phones	
<input type="checkbox"/> Set building/construction	<input type="checkbox"/> Noting & delivering messages	
<input type="checkbox"/> Working in large crowds	<input type="checkbox"/> Janitorial work	
<input type="checkbox"/> Retail/sales	<input type="checkbox"/> Organizational skills	

Please do NOT ask me to do the following types of tasks (please share below):

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Anything else you'd like our committee to know/consider on your family's behalf?

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## Parent, Student, or Volunteer Pledge/Grievance Procedure

Should a concern arise as a volunteer, parent, or student, follow the procedures below in the order of which they're listed:

The student or cast member should speak to or meet directly with the person in authority about the matter (i.e. if the matter is regarding policies and procedures that happen during a show's production, speak to the person in authority who is in charge of that particular decision or event, or the person in authority who was present at the time of the incident). If the matter remains unresolved, or if the student or cast member has a reasonable concern that speaking to that person will not resolve the matter,

1. After a 24-hour reflective period, if still necessary, the parent should speak to or meet with the person directly in authority about the matter, i.e. as stated in number 1. Parents and/or students or cast members are expected to email the person in authority to set a meeting. Do not call or text the person in authority after 9 pm, and employees are instructed not to return texts or phone calls after that time. Meetings are to be at times and locations other than just before or during rehearsals, cast meetings, classes, or shows. If a parent approaches a director, member of the artistic crew, or a teacher during a rehearsal, cast meeting, class or show, we have instructed those employees of the FOA to refuse to discuss any controversial matter, and to walk away from the parent. The recommended time for a parent and/or student or cast member to talk to a person in authority about a problem is a previously arranged meeting time possibly after a scheduled rehearsal or class.
2. After Step 1 and 2 have been attempted, the parent may request to speak to the Programs Director and request a meeting with the FOA employee in question, the parent, and the Programs Director. In certain situations, we may also ask the student or cast member to attend the meeting. Meetings should be previously arranged by email. Meetings will be scheduled at times convenient for all concerned. The Programs Director and/or the production's director will not engage in discussions about casting.
3. At no time should parents, students, or cast members who are taking part in FOA programming engage in public commentary (social media, public print, etc) – either directly or indirectly, either explicit or implicit – that expresses negative opinions about people in authority or others involved at the FOA. No one should participate in voluntary activities at the FOA who is also participating in public, negative, jargon about the FOA at the same time. It is in poor taste and inappropriate, often leading to the offending members be asked to leave the programming they are part of. This is a “first-offense”, non-negotiable advisement.
4. It is inappropriate for a cast member or student or parent to approach other cast members, students, or parents about a problem they are having with an FOA employee in authority about objections to artistic, teaching, or administrative decisions. Asking a third party to take sides in an issue is unfair to the less-involved person and to the FOA as an organization. Arts classes, where advancing to higher learning-levels and theatre productions where a cast is chosen, by their very nature, create situations where everyone may not be happy all the time. For the health of the casts, classes, and the FOA as a whole, grievances should be handled between the parties involved and, then, if absolutely necessary, the Programs Director. At no time should an adult speak to a minor who is not their child about their adequacy for a role in which they have been cast or give them any critique other than what is complimentary. This communication is reserved for the director of the production only.
5. Parents and students sending/posting lewd, violent or unsavory content, whether that be on social media (Facebook, Twitter, YouTube, Snapchat, etc) or via text message or phone call, will be asked to leave the program or event they are taking part in. This is a “first-offense”, non-negotiable advisement.

I have read the statements above and agree to following the procedures should any issues arise. I also understand that by acting in a way that demonstrates that I am not in agreement with the above statements, I will be asked to resign my family's participation in the FOA programming in which we are participating.

Participant's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**Student (#1) Information:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School Name: \_\_\_\_\_

Please list ALL classes this student wishes to participate in at the FOA: \_\_\_\_\_

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Please specify which classes from the list above should be considered for tuition waiver:

All       Only these classes: \_\_\_\_\_

Statement of Interest (REQUIRED): please explain how or why class enrollment at the FOA is important to your child.

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Please list all activities (i.e. sports, lessons, after school clubs, etc.) that the applicant is currently involved in:

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As a non-profit organization, The Foundation of Arts is eligible to receive a relatively small amount of state funding to help keep program costs as low as possible for you. To receive funding, we must be able to document all program participants and their general household statistics. This information will be confidential and used strictly for grant purposes. These questions have no bearing on whether this application will be approved.

Student #1's ethnic background \_\_\_\_\_

Does this applicant have a medical or physical disability?       Yes       No

If yes, please explain: \_\_\_\_\_

Is this applicant's family income recognized by the government as "low"?       Yes       No

Has this applicant ever participated in an Arts Center class previously?       Yes       No

If yes, please share which one(s): \_\_\_\_\_

Does this applicant have experience in the program(s) requested?       Yes       No

If yes, please explain: \_\_\_\_\_

**Student (#2) Information:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_ School Name: \_\_\_\_\_

Please list ALL classes this student wishes to participate in at the FOA: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please specify which classes from the list above should be considered for tuition waiver:

All  Only these classes: \_\_\_\_\_

Statement of Interest (REQUIRED): please explain how or why class enrollment at the FOA is important to your child.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all activities (i.e. sports, lessons, after school clubs, etc.) that the applicant is currently involved in:

\_\_\_\_\_  
\_\_\_\_\_

As a non-profit organization, The Foundation of Arts is eligible to receive a relatively small amount of state funding to help keep program costs as low as possible for you. To receive funding, we must be able to document all program participants and their general household statistics. This information will be confidential and used strictly for grant purposes. These questions have no bearing on whether this application will be approved.

Student #2's ethnic background \_\_\_\_\_

Does this applicant have a medical or physical disability?  Yes  No

If yes, please explain: \_\_\_\_\_

Is this applicant's family income recognized by the government as "low"?  Yes  No

Has this applicant ever participated in an Arts Center class previously?  Yes  No

If yes, please share which one(s): \_\_\_\_\_

Does this applicant have experience in the program(s) requested?  Yes  No

If yes, please explain: \_\_\_\_\_

**Student (#3) Information:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School Name: \_\_\_\_\_

Please list ALL classes this student wishes to participate in at the FOA: \_\_\_\_\_

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Please specify which classes from the list above should be considered for tuition waiver:

All       Only these classes: \_\_\_\_\_

Statement of Interest (REQUIRED): please explain how or why class enrollment at the FOA is important to your child.

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Please list all activities (i.e. sports, lessons, after school clubs, etc.) that the applicant is currently involved in:

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Student #3's ethnic background \_\_\_\_\_

Does this applicant have a medical or physical disability?       Yes       No

If yes, please explain: \_\_\_\_\_

Is this applicant's family income recognized by the government as "low"?       Yes       No

Has this applicant ever participated in an Arts Center class previously?       Yes       No

If yes, please share which one(s): \_\_\_\_\_

Does this applicant have experience in the program(s) requested?       Yes       No

If yes, please explain: \_\_\_\_\_



**Student (#4) Information:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School Name: \_\_\_\_\_

Please list ALL classes this student wishes to participate in at the FOA: \_\_\_\_\_

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Please specify which classes from the list above should be considered for tuition waiver:

All                       Only these classes: \_\_\_\_\_

Statement of Interest (REQUIRED): please explain how or why class enrollment at the FOA is important to your child.

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Please list all activities (i.e. sports, lessons, after school clubs, etc.) that the applicant is currently involved in:

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As a non-profit organization, The Foundation of Arts is eligible to receive a relatively small amount of state funding to help keep program costs as low as possible for you. To receive funding, we must be able to document all program participants and their general household statistics. This information will be confidential and used strictly for grant purposes. These questions have no bearing on whether this application will be approved.

Student #4's ethnic background \_\_\_\_\_

Does this applicant have a medical or physical disability?                       Yes                       No

If yes, please explain: \_\_\_\_\_

Is this applicant's family income recognized by the government as "low"?                       Yes                       No

Has this applicant ever participated in an Arts Center class previously?                       Yes                       No

If yes, please share which one(s): \_\_\_\_\_

Does this applicant have experience in the program(s) requested?                       Yes                       No

If yes, please explain: \_\_\_\_\_

**Student (#5) Information:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School Name: \_\_\_\_\_

Please list ALL classes this student wishes to participate in at the FOA: \_\_\_\_\_

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Please specify which classes from the list above should be considered for tuition waiver:

All       Only these classes: \_\_\_\_\_

Statement of Interest (REQUIRED): please explain how or why class enrollment at the FOA is important to your child.

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Please list all activities (i.e. sports, lessons, after school clubs, etc.) that the applicant is currently involved in:

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As a non-profit organization, The Foundation of Arts is eligible to receive a relatively small amount of state funding to help keep program costs as low as possible for you. To receive funding, we must be able to document all program participants and their general household statistics. This information will be confidential and used strictly for grant purposes. These questions have no bearing on whether this application will be approved.

Student #5's ethnic background \_\_\_\_\_

Does this applicant have a medical or physical disability?       Yes       No

If yes, please explain: \_\_\_\_\_

Is this applicant's family income recognized by the government as "low"?       Yes       No

Has this applicant ever participated in an Arts Center class previously?       Yes       No

If yes, please share which one(s): \_\_\_\_\_

Does this applicant have experience in the program(s) requested?       Yes       No

If yes, please explain: \_\_\_\_\_