

**NORRIS CENTER FOR THE PERFORMING ARTS EDUCATION DEPARTMENT
FINANCIAL AID APPLICATION**

Please fill out the application legibly and completely. Incomplete applications will not be considered.

SECTION ONE: To be filled out by student

Student's Full Legal Name _____

Nickname/I preferred to be called _____

Age _____ Date of Birth _____ Do you drive? _____

Address _____

City/Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address _____

Do you live with your parents/guardians? _____

Are you currently a student? _____ School _____ Grade _____

Do you currently have a job? _____ Hours worked per week _____

Employer _____ Job Title _____

SESSION: Fall Winter Spring Summer Year _____ Program/Production _____

What is your principal area of interest in the performing arts (acting, dancing, singing, music, etc.)?

Briefly describe your performance training history (private or group lessons, school classes, etc.):

Please list recent productions you have been in, including roles (you can attach a resume if you like):

What are your goals/ambitions in the performing arts?

How will this class help you to reach those goals/ambitions?

How did you first learn about the Norris Education Department?

PLEASE READ AND SIGN:

If granted financial aid, I hereby agree to fully commit to the program and attend all classes, rehearsals and performances as required.

Student's Signature

Date

(over)

SECTION TWO: To be filled out by parent/guardian (if student is under 18):

Primary Guardian's Name _____

Relationship to Student _____

Contact Phone Number _____ E-mail _____

Currently Employed? _____ Employer _____ Occupation _____

Secondary Guardian's Name _____

Contact Phone Number _____ E-mail _____

Relationship to Student _____

Currently Employed? _____ Employer _____ Occupation _____

Parent's Guardians are: Married Cohabiting Separated Divorced Unrelated/Other

Approximate Annual Household Income: Under \$30K \$30K-\$60K \$60K-\$90K Over \$90K

What is the primary reason for requesting financial aid?

Is there any additional information about the student that may be of assistance in determining scholarship awards?

PLEASE READ AND SIGN:

I have read and reviewed this entire application, and all the information provided is true to the best of my knowledge. If awarded a scholarship, I understand it is the parent/guardian's responsibility to ensure the student commits fully to the program. Failure to do so will affect consideration of future financial aid.

Parent/Guardian Signature

Date

**FINANCIAL AID APPLICATIONS ARE DUE NO LATER THAN TWO WEEKS BEFORE THE START OF EACH SESSION/PRODUCTION.
LATE APPLICATIONS WILL NOT BE CONSIDERED.**