



2011 Financial Aid Application

Student Name

This application will be used to determine class fees. Only completed application forms are eligible for consideration. Please attach last year's Internal Revenue Service tax return and /or SSI Allocation Statement, and/or two recent paycheck stubs or W-2 forms to verify your income. Please return this completed application form to Dance Theatre of Lynchburg's business office.

Parent Name
Street Address
City State Zip
Daytime Telephone Evening Telephone
e-mail address

Please list below

names of household members birth dates school/employer

List the annual gross salary of your family \$
(Include food stamps, child support, disability payments, and medical assistance.)

My signature below indicates that this financial aid application has been completed correctly and that all information is true.

signature date

