



# Near & Arnold's School of Performing Arts & Cultural Education

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## FINANCIAL ASSISTANCE

Instructions: Print. Fill out completely. Attach Registration form. Submit both forms to  
**SPACE, 508 W. Perkins St., Ukiah, CA 95482, Telephone: 707-462-9370., FAX: 707-462-0465**

**Student Information:**

**SESSION:** \_\_\_\_\_

First Name	Last Name	SCHOLARSHIP COMMITTEE:
Student 1: _____	_____	
Class: _____	Tuition \$ _____ Assistance Requested \$ _____	
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First Name	Last Name	Assistance Granted \$ _____
Student 1: _____	_____	
Class: _____	Tuition \$ _____ Assistance Requested \$ _____	Assistance Granted \$ _____
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First Name	Last Name	Assistance Granted \$ _____
Student 1: _____	_____	
Class: _____	Tuition \$ _____ Assistance Requested \$ _____	Assistance Granted \$ _____
I HAVE RECEIVED FINANCIAL ASSISTANCE FROM SPACE IN THE PAST <input type="checkbox"/> Yes <input type="checkbox"/> No WHEN? _____		

**Parent Information:**

Household 1:	First Name	Last Name
Parent/Guardian 1:	_____	_____
Monthly income after taxes \$	_____	
Number of people dependent on this income: In addition please consider the following special circumstances:		
_____ Adults	<input type="checkbox"/> First time student	
_____ Infants 0-2	<input type="checkbox"/> Disabled member(s) of family	
_____ Preschoolers (3-4)	<input type="checkbox"/> Ongoing medical expenses	
_____ School Age (5-12)	<input type="checkbox"/> College or other tuition expenses	
_____ Teens (13-19)	<input type="checkbox"/> Other: _____	
Explain all special circumstances _____		
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Household 2: If child is supported by 2 households, please complete below:		
	First Name	Last Name
Parent/Guardian 2:	_____	_____
Monthly income after taxes \$	_____	
Number of people dependent on this income: In addition please consider the following special circumstances:		
_____ Adults	<input type="checkbox"/> First time student	
_____ Infants 0-2	<input type="checkbox"/> Disabled member(s) of family	
_____ Preschoolers (3-4)	<input type="checkbox"/> Ongoing medical expenses	
_____ School Age (5-12)	<input type="checkbox"/> College or other tuition expenses	
_____ Teens (13-19)	<input type="checkbox"/> Other: _____	
Explain all special circumstances _____		

The information I have provided is accurate. I understand the Scholarship Committee may require proof of income.

\_\_\_\_\_  
Parent/Guardian #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian #2 Signature

\_\_\_\_\_  
Date