

Parent/Guardian #2 Signature

## $Near\ \&\ Arnold's\ School\ of\ Performing\ Arts\ \&\ Cultural\ Education\\ \underline{office@spaceperformingarts.org}* \underline{www.spaceperformingarts.org}$

## 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 Na	me	SCHOLARSHIP
Charles 4			COMMITTEE:
Student 1:	<del>-</del>		
		Assistance	Assistance
Class:	Tuition <u>\$</u>	Requested <u>\$</u>	Granted \$
First Name	Last Name		
Student 1:			
		Assistance	Assistance
Class:	Tuition <u>\$</u>	Requested <u>\$</u>	C 1 c
First Name	Last Na		
1 Hot Hame	Edst Iva		
Student 1:	_		
			Assistance
Class:	Tuition \$	Assistance Requested \$	Assistance Granted \$
Class.		Kequesteu <u>s</u>	
I HAVE RECEIVED FINANCIAL ASSISTANCE FROM SPACE IN THE PAST ☐ Yes ☐ No WHEN?			
Parent Information:			
Household 1: First Name	Last Nai	me	
Parent/Guardian 1:			
Monthly income after taxes \$			
Figure 11 to			
Number of people dependent on this income: In addition please consider the following special circumstances:			
	☐ First time student		
	☐ Disabled member(s) o		
	<ul><li>□ Ongoing medical exper</li><li>□ College or other tuition</li></ul>		
Explain all special circumstances			
Household 2: If child is supported by 2 households, plea First Name	ase complete below: Last Nai	ma	
riist name	Last Nai	ine	
Parent/Guardian 2:			
Monthly income after taxes \$			
Number of people dependent on this income: In addition please consider the following special circumstances: Adults			
Addits Infants 0-2	☐ Disabled member(s) o	f family	
Preschoolers (3-4)	☐ Ongoing medical exper		
School Age (5-12)	☐ College or other tuition		
Teens (13-19)	□ Other:		
Explain all special circumstances			
The information I have provided is accurate. I understand the Scholarship Committee may require proof of income.			
provide to accurate. I anadromia the containing committee may require proof of medition			
Parent/Guardian #1 Signature		Date	
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Date