

Application for Financial Aid At Joe's Movement Emporium

All financial aid forms must be completed and returned to Joe's Movement Emporium 1 week prior to starting date of the program. Files will be evaluated, and offers of financial aid will be made on a rolling basis as each file is completed and submitted. The Financial Aid Committee will consider each applicant based on the financial need of the family requesting assistance. Please provide proof of income with current tax forms.

Parents will be notified of the amount of financial aid offered and will be given a date by which to respond to the offer. Awarded amounts vary from 10-100% of program fees.

World Arts Focus and Joe's Movement Emporium's financial aid funds come from the operating budget and from donations. Each year, approximately 50% of the total number of participants receive some financial assistance.

First person for which financial assistance is being requested:

Program Attending?

- Club Joe's
- Camp _____
- Class _____
- Other _____

Second person for which financial assistance is being requested:

Program Attending?

- Club Joe's
- Camp _____
- Class _____
- Other _____

Third person for which financial assistance is being requested:

Camp Attending?

- Club Joe's
- Camp _____
- Class _____
- Other _____

Application for Financial Aid (Continued)

Parent/Guardian's Names: _____

Day Phone _____ Evening Phone _____

Home Address: _____

City _____ State _____ Zip _____

Annual Household Income (Check One)

- | | |
|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$30,000-\$40,000 |
| <input type="checkbox"/> \$10,000-\$20,000 | <input type="checkbox"/> \$40,000-\$50,000 |
| <input type="checkbox"/> \$20,000-\$30,000 | <input type="checkbox"/> Over \$50,000 |

Are you currently unemployed? Yes No

Are you currently paying or receiving child support? Yes No

In a few sentences, explain why you need financial assistance and how being a part of this camp will benefit your child (children)?

In order for parents to feel connected to our program, we strongly suggest that parents pay a portion of tuition.

Are you able to pay a portion of tuition? Yes No

If so, how much? _____

I have read and understand the information provided.

Applicant Signature _____

Date _____

FOR FINANCIAL AID COMMITTEE USE ONLY

Total # of kids applying _____

Total Cost of program _____

Parent Contribution _____

Aid Provided _____

Approved by _____

Date Approved _____