



Guidelines for Financial Assistance

Overview

Within the available resources of Action Dance Academy (ADA), the academy will provide services for any youth, or adult who desires to participate at ADA, regardless of ability to pay the full class tuition.

While we are a for-profit business, we raise money through private donations and fund raising to help give financial assistance to those who need it. We are committed to serve everyone regardless of their income, but we do expect participants to pay a fee based upon their financial ability. ADA financial assistance will be awarded to applicants based upon the available resources of ADA. Unfortunately, ADA cannot offer financial assistance for: enrollment fees, company fees, costumes, pictures, annual production fees, tickets, and dancewear. ADA strictly offers financial assistance for tuition.

Application Process

The results of the financial-aid application/review will be available 10 business days after it is submitted. It is the applicant's responsibility to call ADA for the results of the application/review. Applications will be on file for 30 days after application/review. If the applicant has not registered and enrolled in classes within 30 days, the application will be shredded and discarded.

Eligibility

1. Assistance will be granted on the basis of financial need.
2. Financial Assistance is TEMPORARY and reviews are required on a 3, 6, or 12-month basis, depending on the applicant's circumstances.
3. **REVIEWS:** Financial reviews are required for further financial assistance. Two months prior to their financial assistance expiration date, recipients will receive notification regarding their application review. Applicants will submit all requested information and documentation needed for review.

Expectations

1. Financial assistance is reviewed on a regular basis. Contact ADA if changes occur, (financial status, phone, address or bank change etc).
2. If your account becomes delinquent, your privilege of participating in ADA activities will be suspended until your account is brought into good standing.
3. Failure to respond to a review notice will result in you and/or your child not being able to participate in ADA's activities.
4. There is a charge for all other non-tuition related fees. These must be paid in an orderly manner.
5. Applicant will be expected to participate in a reasonable amount of fund-raising activities throughout the year to help raise funds.
6. **FULL DISCLOSURE ON INCOME VERIFICATION IS REQUIRED—ANY DECEPTIONS WILL RESULT IN AN AUTOMATIC DISQUALIFICATION FOR THE FINANCIAL-AID PROGRAM FOR ONE YEAR. NO EXCEPTIONS.**



Application for Financial Assistance

While we are a for-profit business, we raise money through private donations and fund raising to help give financial assistance to those who need it. We are committed to serve everyone regardless of their income, but we do expect participants to pay a fee based upon their financial ability. ADA financial assistance will be awarded to applicants based upon the available resources of ADA. Unfortunately, ADA cannot offer financial assistance for: enrollment fees, company fees, costumes, pictures, annual production fees, tickets, and dancewear. ADA strictly offers financial assistance for tuition.

Return this application with enrollment form(s) to:

**1010 South 30th Street
Tacoma, WA 98409**

DATE: _____ NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (home): _____ PHONE (work) _____

Please list household members / persons financially dependent on you -INCLUDE YOURSELF	Enrolling in Classes	
	YES	NO
NAME: _____ BIRTHDATE: _____	()	()
NAME: _____ BIRTHDATE: _____	()	()
NAME: _____ BIRTHDATE: _____	()	()
NAME: _____ BIRTHDATE: _____	()	()
NAME: _____ BIRTHDATE: _____	()	()
NAME: _____ BIRTHDATE: _____	()	()

How do you file your Income Tax? () Single () Joint () Other: _____

Are you claimed as a dependent / guardian? () Yes () No

Do you have a checking account? () Yes () No

Do you have a savings account? () Yes () No

Are you currently employed? () Yes () No If yes, where? _____ How long? _____

Is the second adult currently employed? () Yes () No If yes, where? _____ How long? _____

INCOME: Gross monthly income for HOUSEHOLD)

Please list household members and type of income (Example—Employment, Child Support, Workmen's Comp., Retirement, Unemployment, SSI, DSHS, TANF, SSA, ADATSA, VA, etc.) and GROSS amount. Two (2) current months verification is required. **HARD COPIES MUST BE ATTACHED.**

<u>Individual Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Do you receive food stamps? () No () Yes *Provide verification. \$ _____

Do you receive child support? () No () Yes *Provide verification. \$ _____

Total \$ _____

EXPENSES:

Housing/Rent \$ _____ Utilities \$ _____ Food \$ _____

EXTENUATING CIRCUMSTANCES:

MONTHLY AMOUNT

~Include Documentation~

Medical-Hospital Bills / DR. Bills / Prescriptions _____

Wage garnishment _____

Other: _____

Do you anticipate any changes in your situation that may impact your need for financial assistance?

COLLEGE STUDENTS:

1. Are you presently full-time student attending college? () Yes () No

If yes, Where? _____ # credit hours _____

2. Are you receiving financial assistance from college? () Yes () No

If yes, please provide the following breakdown: Loan: \$ _____ Grants: \$ _____

Work Study: \$ _____ Parent/Private: \$ _____ Other Assistance: \$ _____

3. Award Letter and Registration verification must be included.

I declare that the statements above are true and completely correct to the best of my knowledge. I understand that any deception on my part will disqualify me from receiving financial-aid from Action Dance. I hereby authorize verification of information given and will provide any and all requested information needed for my financial analysis for assistance.

I understand there is a five (5) day waiting period for the results of my Financial Assistance application.

I understand a review is mandatory and is done every 3, 6, or 12 months depending on circumstances.

If the required information is not furnished, I further understand that my membership will be terminated until the requested information is satisfactorily submitted.

Applicant's Signature: _____ **Date:** _____