



APPLICATION FOR FINANCIAL AID  
SUMMER 2018

A limited amount of need-based financial aid assistance is available for students participating in the ChiArts Summer Dance Intensive. Careful consideration is given to all requests for assistance. Financial aid can only be awarded towards tuition. Financial aid is awarded for a limited period of time—one Summer Session. Families must reapply each year to be considered.

**SECTION 1: Applicant information – PLEASE PRINT CLEARLY**

1. Applicant's name (student) \_\_\_\_\_ (parent/guardian) \_\_\_\_\_
2. Street Address \_\_\_\_\_
3. City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_
4. Email address \_\_\_\_\_ Phone \_\_\_\_\_
5. How many people live in your household? \_\_\_\_\_
6. Have you applied for FINANCIAL AID at ChiArts in previous years?
  - Yes
  - No

**SECTION 2: List all jobs held by Parent(s)/Guardian(s) since January 1, 2017, even if no longer at this job**

1. Employer  
\_\_\_\_\_
2. 2017 Wages, Tips, Other Compensation  
\_\_\_\_\_
3. 2018 Estimated Wages, Tips, Other Compensation  
\_\_\_\_\_

**SECTION 3: Other Monthly Income**

- |                            |                                     |                                             |                                      |
|----------------------------|-------------------------------------|---------------------------------------------|--------------------------------------|
| 1. Welfare Income<br>_____ | <b>Monthly Social Security for:</b> | <b>Monthly Average Amount Received for:</b> | <b>Miscellaneous Monthly Income:</b> |
| 2. Food Stamps<br>_____    | 3. Parent(s)/Guardian(s)<br>_____   | 6. Child Support<br>_____                   | 8. Taxable<br>_____                  |
|                            | 4. Dependents under 19<br>_____     | 7. Alimony<br>_____                         | 9. Non-Taxable<br>_____              |
|                            | 5. Elderly dependents<br>_____      |                                             |                                      |

**SECTION 4: Other Yearly Income**

- |                                     |                            |                                    |
|-------------------------------------|----------------------------|------------------------------------|
| <b>Yearly Worker's Compensation</b> | <b>Yearly Unemployment</b> | <b>Miscellaneous Yearly Income</b> |
| 1. Actual 2017<br>_____             | 3. Actual 2017<br>_____    | 5. 2017 Lump Sum<br>_____          |
| 2. Estimated 2018<br>_____          | 4. Estimated 2018<br>_____ | 6. Recurring Yearly<br>_____       |

**SECTION 5: If You Pay Rent**

1. Monthly Rent

\_\_\_\_\_

2. Yearly Renter's Insurance

\_\_\_\_\_

**SECTION 6: Yearly Energy Expenses (renters and homeowners)**

1. Electricity

\_\_\_\_\_

2. Gas

\_\_\_\_\_

3. Water

\_\_\_\_\_

4. Cable/Internet

\_\_\_\_\_

**SECTION 7: Assets and Expenses-Home**

1. Year of Purchase

\_\_\_\_\_

2. Purchase Price

\_\_\_\_\_

3. Current Market Value

\_\_\_\_\_

4. Amount Owed on Home Loans/Mortgages

\_\_\_\_\_

5. Monthly Mortgage Payment

\_\_\_\_\_

6. 2017 Property Tax

\_\_\_\_\_

7. 2017 Home Insurance

\_\_\_\_\_

8. 2017 Rental Income

(if not a single family dwelling)

\_\_\_\_\_

9. 2017 Rental Expenses

(if not a single family dwelling)

\_\_\_\_\_

**SECTION 8: Assets and Debt – Automobiles**

**Information for owned vehicles**

1. # of Vehicles

\_\_\_\_\_

2. Total Current Market Value

\_\_\_\_\_

3. Total Debt

\_\_\_\_\_

**Information for leased vehicles**

4. # of Vehicles

\_\_\_\_\_

5. Total Monthly Lease

\_\_\_\_\_

6. Yearly Insurance Cost for All Vehicles

\_\_\_\_\_

**SECTION 9: Medical Expenses**

1. Medical/Dental and 2. Prescription Drugs: List only out-of-pocket expenses that will not be, or have not been covered by insurance. Include co-pay amounts here. 3. Annual Insurance Premiums: If you pay insurance premiums, list the corresponding amounts here. Please list the total amount you pay in a year.

**1. Payments Made in 2017**

Medical/Dental

\_\_\_\_\_

Prescription Drugs

\_\_\_\_\_

Prescription Eyewear

\_\_\_\_\_

**2. Current Medical Debt**

Medical/Dental

\_\_\_\_\_

Prescription Drugs

\_\_\_\_\_

Prescription Eyewear

\_\_\_\_\_

**3. Annual Insurance Premiums**

Medical/Dental

\_\_\_\_\_

Prescription Drugs

\_\_\_\_\_

Prescription Eyewear

\_\_\_\_\_

**SECTION 10: Alimony and Child Support Payments**

1. Child Support Paid to Others in 2017

\_\_\_\_\_

2. Estimated Support Payments in 2018

\_\_\_\_\_

3. Alimony Paid to Others in 2017

\_\_\_\_\_

4. Estimated Alimony Payments in 2018

\_\_\_\_\_

**SECTION 11: Day Care and /or Elderly Care Expenses (include summer camp expenses)**

1. Dependent Name	2. 2017 Payments	3. Estimated 2018 Payments
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION 12: Miscellaneous Debt (do not list debt on home, medical/dental, or vehicles)**

7. Credit Cards	10. Loans-Friends or Relatives	12. Education – Parent(s)/Guardian(s)
_____	_____	_____
8. Bank Loans	11. Education - Dependents	13. Other Debt
_____	_____	_____
9. Loan Companies	_____	_____
_____		

**SECTION 13: Contributions To Education (2018-2019)**

1. How much can Parent(s)/Guardian(s) contribute toward the tuition of the ChiArts Summer Dance Intensive?  
\_\_\_\_\_
2. How much per year is a non-custodial parent ordered by law to contribute toward the education of those applying for financial aid with this form? \_\_\_\_\_
3. How much will any other sources contribute toward the education of those applying for financial aid with this form?  
\_\_\_\_\_

**SECTION 14: List all Dependents in the Household; do not include Parent(s)/Guardian(s)**

Dependent Number	Name	Age
#1	_____	_____
#2	_____	_____
#3	_____	_____
#4	_____	_____
#5	_____	_____

**SECTION 15: Additional information**

If desired, you may attach an explanation of your specific financial situation and why you require assistance with ChiArts Summer Dance Intensive tuition.

**SECTION 16: Income Tax Return**

To be considered, you must submit the first page of the 2017 Income Tax Return (Form 1040) of the student’s legal guardian with this completed application.

**Through my signature I attest that all information on this application is true and complete. I also give ChiArts permission to use the provided information to determine a financial aid amount.**

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_