



Financial Assistance Application

Production/Program: _____

Participant's Name: _____

Gender: _____ Birth Date: _____ School: _____

Child lives with: Both parents together: _____ Mother: _____ Father: _____ Other: _____

Please address your living situation in your essay.

Primary Guardian's Name: _____

Home address: _____

Home phone: _____ Work phone: _____ Cell: _____

Email Address: _____

Have you (or your child) participated with Sierra School of Performing Arts before? Y N

Have you ever received SSPA financial assistance before? Y N

If so, when? _____

Number of children in the household enrolling in the program: _____

Financial circumstances we should consider: Please write a short essay telling the board why you are applying for financial assistance and why you think you deserve to be a recipient. The essay should be 250 words or less. Please attach it to this application. It needs to be typed (double spaced) or in legible handwriting written in ink.

NOTE: All information provided in this application will be used only by SSPA Board of Directors Financial Assistance Committee and will be kept completely confidential.

Volunteer Hours May Be Required

For Office Use Only

Financial Assistance Given: Date: _____ Amount: _____

Comments:

