

CONFIDENTIAL FORM
FINANCIAL ASSISTANCE DATA

Eastern Connecticut Ballet
435 Boston Post Road * East Lyme, CT 06333

FINANCIAL ASSISTANCE WILL NOT BE DISTRIBUTED UNLESS THIS FORM IS SIGNED AND IS ACCOMPANIED BY ALL PERTINENT DOCUMENTS:

- Two (2) pay stubs for each job that contributes to your family income and your most recent tax return (front page).
 - If you are in business for yourself, a copy of Schedule C and or Schedule F is required.
 - Decree of Divorce and or separate maintenance, if applicable.
 - Proof of Social Security or Pension Income.
- OR-
- AFDC or Welfare Budget Sheet and or other support papers, including decree of divorce and or separate maintenance that include amounts received.

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

ECB assistance requested: _____

Full name of applicant: _____

If child, name of parent/guardian _____

Street address: _____ City/St/Zip _____

Home phone: _____ Birthdate: _____

Child's School: _____ Grade: _____

Child's Hobbies/Interests: _____

Child's Activities/sports outside of Ballet:

Please list any special circumstances or extra ordinary family expenses that should be considered for this request: _____

Employer's name _____ Phone: _____

Street address _____ City/Zip _____

Spouse's name _____

Spouse's employer _____

Street address: _____ City/zip _____

DEPENDENT CHILDREN:

Name _____ Birthdate _____ Age _____ Sex _____
 Name _____ Birthdate _____ Age _____ Sex _____
 Name _____ Birthdate _____ Age _____ Sex _____
 Name _____ Birthdate _____ Age _____ Sex _____

DO YOU RECEIVE (Please check all that apply)

State or Federal Aid _____ per Month _____
 Public Assistance _____ per month _____
 Child or Spousal Support _____ per Month _____
 Social Security _____ per month _____

FINANCIAL ASSISTANCE AGREEMENT

I attest that the preceding information is true. I understand that if any information is found false, my financial assistance will be terminated. I understand that the information will be used confidentially by authorized personnel for consideration in granting financial assistance. I understand that ECB reserves the right to request a copy of my IRS form. I understand that this assistance is in effect for one year, and after that time it is necessary to reapply.

 Signature of applicant/ Date

FOR OFFICE USE ONLY

Date received: _____

Average yearly income: _____

Approved by: _____

Comments: _____

Family will receive:

