



## TUITION ASSISTANCE APPLICATION

YEAR: \_\_\_\_\_  Fall Term  Winter/Spring Term  Summer Term

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

### WHAT TO INCLUDE:

- 1) Completed enrollment form & fees\* (Please list all classes in which the student wishes to enroll).
- 2) Parent/Guardian written statement of need (income vs. financial hardships, e.g., 2<sup>nd</sup> mortgage, loss of job, caregiver for sick relative, disability, etc.).
- 3) Completed tax information from your most recent federal income tax filing (see financial disclosure).

### NOTES:

- These items must be included otherwise the application will be considered incomplete. Incomplete applications will result in delayed processing. Students applying for tuition assistance may not attend classes until completed applications are fully processed and award decisions are made.
- Before submitting, please make a copy of your signed agreement for your records. Applicants will receive award decisions within 5 business days of the date the application was submitted.
- **To submit your application- Fax: (727) 791-7449/ By mail or in person: The Marcia P. Hoffman Performing Arts Institute, ATTN: Registrars, 1111 McMullen Booth Rd., Clearwater, FL 33759**

### FINANCIAL DISCLOSURE

**This section is to be completed by parent/guardian.** A photocopy of your **IRS 1040** forms for the most recent tax year (front and back pages) must be submitted. This information will be used solely to evaluate financial need and will be kept strictly confidential. All requested information is required to have your application considered.

<u>Name</u>	<u>Occupation</u>	<u>Previous Year's Income/Total of Other Assets</u>
Father: _____	_____	\$ _____ \$ _____
Mother: _____	_____	\$ _____ \$ _____

Names and ages of all other children under age 18 living in your household:

\_\_\_\_\_  
\_\_\_\_\_

### RUTH ECKERD HALL

RICHARD B. BAUMGARDNER CENTER FOR THE PERFORMING ARTS

1111 McMullen Booth Road, Clearwater, FL 33759 • Phone: (727) 712-2706 • Fax: (727) 791-7449  
Email: rehed@rutherfordhall.net • Web: www.hoffmanperformingarts.org • www.rutherfordhall.com



**SUPPORTING INFORMATION**

Additional information or comments may be attached separately. These attachments may include:

- Letter(s) of recommendation on behalf of the student (from teachers, volunteer coordinators, etc.)
- Court or legal documents substantiating your situation or financial information
- Student’s headshot, resume and bio

**SIGNATURES & HONOR STATEMENT**

By signing below, I hereby certify that:

- 1) The information contained in this application is both accurate and complete. If any changes occur after I submit this application, I will notify Ruth Eckerd Hall, Inc. immediately.
- 2) If accepted as a student, I agree to abide by all Institute regulations and policies. I understand that any violations of these regulations may result in cancellation of my enrollment and I may be dismissed from the Institute immediately without refund of tuition or fees.
- 3) Tuition assistance cannot be combined with any other discounts, promotions, payment plans or offers, including work study agreements, unless authorized by the Director of Education.
- 4) I understand that I may decline the award granted by the Hoffman Institute and by so doing, I forfeit all enrollment and other fees paid.
- 5) Once an award determination has been made, any additional payments required will be scheduled upon notification of the award and must be paid in full prior to the start of the first class unless otherwise authorized by the Director of Education.
  - a) \*A \$15.00 enrollment fee is required once per year and must be paid prior to the processing of enrollment and tuition assistance applications. It is nonrefundable. Enrollment fees are waived for Ruth Eckerd Hall members.
  - b) Some classes require additional text or materials fees that are not covered by tuition assistance. Those fees are due at the time of enrollment.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY; DO NOT WRITE BELOW THIS LINE.**

<input type="checkbox"/> <b>25% off</b> <input type="checkbox"/> <b>50% off</b> <input type="checkbox"/> <b>75% off</b> <input type="checkbox"/> <b>100% off</b>	Comments: _____ _____ _____ _____  Date Rec'd: _____ Rec'd By: _____ Date Processed: _____  Approved by Director of Education: _____ Date: _____
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