

## Financial Aid Application

NuVu Studio's Financial Aid Program is designed to help as many children as possible experience our program. Applicants may be awarded tuition assistance based on family need and availability of financial aid funds. The directors will review applications and notify eligible applicants within two weeks of receipt of this form. All information in this application is confidential. Financial aid is provided on a first come first served basis. This form must be fully completed and signed.

### Student Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School Grade in Fall \_\_\_\_\_

Address \_\_\_\_\_

### Parent/Guardian Information

#### Parent / Guardian 1

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Income \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

#### Parent / Guardian 2

Name \_\_\_\_\_

Occupation \_\_\_\_\_ Income \_\_\_\_\_ Employer \_\_\_\_\_

Email \_\_\_\_\_

#### Student lives with (indicate one):

\_\_\_ Parent/Guardian 1 only

\_\_\_ Parent/Guardian 2 only

\_\_\_ Both Parents/Guardians

\_\_\_ Other (please specify): \_\_\_\_\_

## Household Information

Annual Household Income Before Taxes (all sources)

- \_\_\_ Less than \$9,999
- \_\_\_ \$10,000 to \$19,999
- \_\_\_ \$20,000 to \$29,999
- \_\_\_ \$30,000 to \$39,999
- \_\_\_ \$40,000 to \$49,999
- \_\_\_ \$50,000 to \$59,999
- \_\_\_ Over \$60,000

Number of individuals in the household: Ages:

\*\*\*Include a copy of this year's tax return, pay stub, or proof of assistance.

## Contribution

All families make some contribution toward their son or daughter's tuition for the academic program that is in line with their means. Before any consideration is given to this form we must know what amount your family can contribute toward tuition.

Total tuition for studio registration \_\_\_\_\_

Amount our family can contribute \_\_\_\_\_

Amount from other sources \_\_\_\_\_

Total amount we are requesting \_\_\_\_\_

The statements made in this form are true, complete, and correct. I understand that any misrepresentation of information shall be considered sufficient reason for withdrawal of an application with NuVu Studio.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail the completed application along with any supporting documents to:

NuVu Studio  
450 Massachusetts Ave.  
Cambridge, MA 02139

