

Ruhala Performing Arts Center Financial Aid Form

Please include previous year's tax return form and statement of need with this application.

Student's Name _____

Parents' Names _____

Today's Date _____

Student's Social Security Number _____ - _____ - _____

Home Phone Number (____) _____ - _____ Cell Number (____) _____ - _____

Street Address _____ City _____

State _____ Zip Code _____ Email _____

Parent's Marital Status _____

Annual Household Income _____

Any Other Income (Amount and Source) _____

Mother's Place & Length of Employment _____

Name and Phone Number of Employer _____

Previous employment (if less than 6 months at current) _____

Current Year Estimated Gross Income (\$) _____

Previous Year Gross income (\$) _____

Federal Income Tax paid previous year (\$) _____

Father's Place & Length of Employment _____

Name and Phone Number of Employer _____

Previous employment (if less than 6 months at current) _____

Current Year Estimated Gross Income (\$) _____

Previous Year Gross income (\$) _____

Federal Income Tax paid previous year (\$) _____

Applicant's contribution to cost of tuition (\$) _____

Other dependents (include ages, relationships, partial or full dependence):
