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865-609-2012

Tuition Assistance Form

This application form is for assistance resulting in the reduced price (\$35 for 4 weeks, \$50 for six weeks) session of kids classes.

Student's Name _____ **Date** _____

Birth Date _____ **Phone** _____

Address _____

Class(es) _____

Reason For Application: (Describe situation resulting in request for financial assistance.)

For dependent child please provide the following information:

Father's Name _____

Home Address _____

Occupation _____ **Employer** _____

Years Employed _____ **Business Phone** _____

Mother's Name _____

Home Address _____

Occupation _____ **Employer** _____

Years Employed _____ **Business Phone** _____

Income for all adults in the household

	Monthly	Annual
Salary (Net)		
Bonus & Commissions		
Dividends & Interest		
Alimony, Child Support		
Housing Allowance		
Other Income (itemize)		
Total		

Expenses

	Monthly	Annual
Mortgage		
Rent		
Utilities		
Groceries		
Insurance		
Transportation Cost		
Medical Expenses		
Employment Related Childcare		
Child Support		
Other Tuition Payments		
Other Taxes		
Vacation Costs		
Other Expenses (itemized)		
Total		

List any additional information that should be considered:

This information contained in this application is provided for the purpose of obtaining financial assistance from Dragonfly Aerial Arts Studio (DFAAS) for tuition. I (we) understand that DFAAS is relying on this information in deciding to grant tuition assistance. I (we) represent and warrant that the information provided is true and complete.

Signature Date

Signature Date