MARCIA P. HOFFMAN School of the Arts AT RUTH ECKERD HALL

TUITION ASSISTANCE/PRIVATE LESSON SCHOLARSHIP APPLICATION

Name of Student(s):_____ Age:_____ Date of Birth:_____

Street Address: _____

City, State, Zip: _____

Phone: Home: _____ Cell: _____ Other: _____

Email: _____

Please list classes/private lessons student has selected: _____

_____

_____

_____

WHAT TO INCLUDE:

1) Complete enrollment online, be sure to choose Tuition Assistance price as your payment option. You will be charged the $40 enrollment fee only. Your ORDER#:_____
2) Written statement from Parent/Guardian explaining the need. (Income vs. financial hardships, e.g., 2nd mortgage, loss of job, caregiver for sick relative, disability, etc.).
3) Tax information: please forward a copy of the page of your tax report that states your gross income for your most recent income tax filing. This information will be used solely to evaluate financial need and will be kept strictly confidential. This documentation will be shredded as soon as a determination is reached. If emailing or faxing information please black out your social security numbers.

Your complete application will include all of the items listed above. Incomplete applications cannot be processed. Every attempt will be made to contact you to complete information but this office will not be held responsible for assistance applications that are incomplete. The student will be charged the full price for the program(s) chosen if they continue to attend classes.

Please make a copy of your application packet for your records.

Notification of your assistance: our goal is to notify you within five to 10 business days of submission.

Please submit your completed application to the Education Associates, via mail (The Marcia P Hoffman School of the Arts @ Ruth Eckerd Hall, 1111 McMullen Booth Rd., Clearwater, FL 33759), in person, or email. (Please call 727-712-2706 for the proper email address.)

FINANCIAL DISCLOSURE

Father:_____ Occupation:_____

Previous Year's Income: _____ Total other assets: _____

Mother: _____ Occupation:_____

Previous Year's Income: _____ Total other assets: _____

Please give names of all other dependent(s) under the age of 18 living in your household:

_____

_____

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 an Education Associate immediately.
2. If accepted as a student, I agree to abide by all School regulations and policies. I understand that any violation of these regulations may result in cancellation of my student's enrollment and they may be dismissed from the School immediately without refund of tuition or fees.
3. Tuition assistance cannot be combined with any other discounts, promotions or offers, including work study agreements, unless authorized by the Vice President of Education.
4. I understand that I may decline the award granted by the Hoffman School of the Arts 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.
6. A $30.00 enrollment fee is to be charged to each student, each semester and must be paid prior to processing of a Tuition Assistance application. It is nonrefundable and not included in the tuition fee. Enrollment fee is waived for Ruth Eckerd Hall members.
7. 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: _____