Vermillion Area Dance Organization
Application for Financial Aid

Parent/Guardian Name:_____ Date:_____

Dancer Name:_____

Address:_____

Phone/Email:_____

Classes student is enrolled in:_____

Household Annual Income:_____ Number of dependents in household:_____

Please tell us why you are applying for financial aid, include any extenuating circumstances you feel are important for us to know in determining who should receive financial aid. (If needed, additional sheets of paper may be used.)