**Financial Assistance Application**

Production/Program:

Participant’s Name:

Gender: Birth Date: \_ School:

Child lives with: Both parents together: \_ Mother: Father: Other: \_\_\_\_  
Please address your living situation in your essay.

Primary Guardian’s Name:

Home address: \_\_\_\_

Home phone: Work phone: Cell:

Email Address: \_\_

Have you (or your child) participated with Sierra School of Performing Arts before? Y N

Have you ever received SSPA financial assistance before? Y N

If so, when?

Number of children in the household enrolling in the program:

**Financial circumstances we should consider:** Please write a short essay telling the board why you are applying for financial assistance and why you think you deserve to be a recipient. The essay should be 250 words or less. Please attach it to this application. It needs to be typed (double spaced) or in legible handwriting written in ink.

NOTE: All information provided in this application will be used only by SSPA Board of Directors Financial Assistance Committee and will be kept completely confidential.

Volunteer Hours May Be Required

**For Office Use Only**

Financial Assistance Given: Date: Amount:

Comments: