Vermillion Area Dance Organization Application for Financial Aid

| Parent/Guardian Name: | Date: |
|--|------------------------------------|
| Dancer Name: | |
| Address: | |
| Phone/Email: | |
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| 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.) | |
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