



Application for Tuition Assistance

Information provided below will be **confidential** and held in the office and not shared with instructional staff. Once completed, please send back to education@theumbrellaarts.org or mail to:

The Umbrella Arts Center
Jason Springer, Director of Education
40 Stow Street
Concord, MA 01742

NAME

AGE (If under 18)

NAME OF SCHOOL (If applicable)

GRADE

1. PARENT/GUARDIAN

2. PARENT/GUARDIAN

HOME ADDRESS

CITY

ZIP

EMAIL

PHONE

EMPLOYER NAME AND ADDRESS:

1. _____

2. _____

Name of Class _____

Season: Fall Winter Spring Summer

Amount of full tuition: \$ _____

Amount of financial aid requested: \$ _____



Need Statement

Please briefly explain the circumstances for your financial aid request (confidential).

Student/Parent Signature

Date

Do you have any of these automatically qualifying current MA State-benefits cards? (See *TheUmbrellaArts.org/UPI*)

EBT Card (Bay State Access Electronic Benefits Transfer Card)

WIC Card (Women, Infants, & Children Nutrition Program Program)

ConnectorCare Card (Health Insurance with ConnectorCare Plan)

ID Number and Date of Qualifying Card _____

STAFF ONLY

Request approved in the amount of: \$ _____ DATE: _____

Benefit card: _____

Staff Signature: _____