



## 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](mailto:education@theumbrellaarts.org) or mail to:

The Umbrella Community 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: \$ \_\_\_\_\_

