

Mankato Ballet

Financial Assistance Guidelines

Types and Availability

The Mankato Ballet shall, at the discretion of the Board of Directors, offer financial assistance for dance instruction. Recipients of financial assistance will be expected to contribute scheduled volunteer hours to Mankato Ballet.

Assistance shall be awarded based upon the financial need of the applicant and the financial condition of Mankato Ballet at the time of the application. The maximum award will be no more than 50% of the student's annual tuition rate. Mankato Ballet may commit up to 2 _ % of the current year's projected tuition fees to a designated financial assistance program.

Financial assistance shall be awarded in the form of waived tuition fees.

Application

Financial assistance applications shall be submitted by the student or by the student's parent/guardian if the student is under the age of eighteen (18). Application forms can be obtained by contacting Mankato Ballet's studio at PO Box 114, Mankato MN 56002 or call (507)625-7716 or e-mail mbc@hickorytech.net. Applications are available to download and print from the Mankato Ballet website at <http://www.mankatoballet.com>. Applications must be received by September 22, 2006. Applications need to be returned to: Mankato Ballet Attn: Financial Aid Committee in a sealed envelope. Any application not completed in its entirety or without required documentation will not be processed.

Financial Assistance Qualifications

Applicants shall be awarded financial assistance based solely on financial need. In the event the number of applications exceeds the amount of assistance available, the committee may request additional information to assist in its determination. Based on funds available, some applicants may be denied assistance while other qualified candidates will share in assistance available.

Revocation of Awards

Recipients of assistance are expected to perform in all Mankato Ballet productions, recitals, and demonstration performances when required. Exceptions shall be made in the event of illness or injury, or if extenuating circumstances warrant and are approved in advance by the President or Vice President of the Board. Failure to participate could result in funds forfeiture.

The committee also reserves the right to revoke the assistance in the event a student is unable to attend classes or should excessive unexcused absences occur, defined as missing three or more consecutive classes. The Board may also rescind an award for gross misconduct, in the event that Mankato Ballet is financially unable to continue funding the financial assistance program or if the student or student's family does not remit payment for their portion of the tuition. Any revocation must be communicated in writing and shall be effective immediately. Revocations may be applied to the committee in writing.

Member's Responsibility

Mankato Ballet is a non profit organization dependent upon volunteer efforts of students, parents/guardians and our communities. All members of the organization are asked to contribute to the success of the Mankato Ballet through voluntary time and talents.

Mankato Ballet
Board of Directors
PO Box 114
Mankato MN 56002
(507)625-7716
mbc@hickorytech.net

Mankato Ballet
2006 – 2007 Financial Assistance Application

*This form must be completed legibly and in its entirety in order to be processed.
Please return no later than September 22, 2006.*

Section 1

Student Name _____ Age _____ Class Level _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____ Cell _____

Do you currently qualify for free or reduced lunch program through your school district? Yes ___ No ___

If yes, please provide a copy of your verification notice and proceed to Section 3.

Section 2

Please list all household members:

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Name _____ Age _____ Monthly Income _____ Employer _____

Note: Monthly income includes gross wages, child support, alimony, public assistance, social security, unemployment and any other type of income.

Section 3

Please list other financial assistance or scholarship funds your family is currently receiving.

Section 4

If your family is currently experiencing extraordinary financial difficulties, please write a brief description of those circumstances.

Section 5

Please indicate the hours you have available to assist MBC. Volunteer hours for our financial assistance program may be worked by either the student 14 years or older or by the parent/guardian. Volunteering is a required part of Mankato Ballet's financial assistance program.

_____ is able to work in the office on the following days:

Monday:	_____ 10:00 am to 11:00 am	Thursday:	_____ 4:00 pm to 5:00 pm
	_____ 11:00 am to 12:00 pm		_____ 5:00 pm to 6:00 pm
	_____ 4:00 pm to 5:00 pm		_____ 6:00 pm to 7:00 pm
	_____ 5:00 pm to 6:00 pm		_____ 7:00 pm to 8:00 pm
	_____ 6:00 pm to 7:00 pm		_____ 8:00 pm to 9:00 pm
	_____ 7:00 pm to 8:00 pm		
	_____ 8:00 pm to 9:00 pm		
Tuesday:	_____ 10:00 am to 11:00 am	Friday:	_____ 4:00 pm to 5:00 pm
	_____ 11:00 am to 12:00 pm		_____ 5:00 pm to 6:00 pm
	_____ 4:00 pm to 5:00 pm		_____ 6:00 pm to 7:00 pm
	_____ 5:00 pm to 6:00 pm		
	_____ 6:00 pm to 7:00 pm	Saturday:	_____ 10:00 am to 11:00
	_____ 7:00 pm to 8:00 pm		_____ 11:00 am to 12:00
	_____ 8:00 pm to 9:00 pm		_____ 12:00 pm to 1:00
Wednesday:	_____ 10:00 am to 11:00 am		_____ 1:00 pm to 2:00
	_____ 11:00 am to 12:00 pm		_____ 2:00 pm to 3:00
	_____ 3:00 pm to 4:00 pm		_____ 3:00 pm to 4:00
	_____ 5:00 pm to 6:00 pm		
	_____ 6:00 pm to 7:00 pm		

I am unable to contribute my hours at any of the above times, but I am willing to assist in the following manner: _____

I certify that the above information is true and complete to the best of my knowledge. I will notify Mankato Ballet immediately if a change in our financial condition occurs.

Signature of Applicant _____ Date _____