FINANCIAL ASSISTANCE APPLICATION

CURRENT APPLICATION PERIOD: FALL 2026 & SPRING 2027

With a faculty of more than 30 professional teaching artists, STAGES Performing Arts Academy (SPAA) provides the highest quality musical theatre arts training to students of all ages and abilities. SPAA's sequential curriculum offers a range of opportunities that inspire curiosity, creativity, and passion through musical theatre education.

SPAA provides financial assistance to families regardless of race, sex, religion, disability, sexual orientation, or natural origin.

APPLICATION INSTRUCTIONS:

1. Do not register your student for classes until *after* a scholarship amount is awarded. (unless previously discussed with the education department).
2. Complete this application form and submit along with the following:
   - Photocopies of supporting financial documents (these will not be returned, and we cannot make copies at SPAA on behalf of any applicant) .
   - *Optional:* A letter of 500-words or less explaining your financial need in more detail
3. Incomplete applications will not be considered.

FINANCIAL ASSISTANCE GUIDELINES:

- Financial assistance is granted on a first come, first serve basis, and based on a combination of the financial need of the applicant and a sliding scale of SPAA's available funds.
- **Financial assistance is limited to a maximum of:**
  - ***3 students per household***
  - ***2 classes/camps per semester (per student).***
  - ***1 production or year-long program per year***
- Any student utilizing financial assistance may only miss 5 classes per application period; exceeding allotted absences will result in a reevaluation of financial assistance.
- All families must reapply for financial assistance after each application period concludes.
- Financial assistance cannot be transferred to other application periods or to other families.
- Assistance will not be considered for families with an outstanding balance on their account.

EXPECTED OUT-OF-POCKET COSTS:

- $25 annual course registration fee (must be paid at the time of registration).
- Fees for any additional classes exceeding the allotted scholarship amount.

AFTER YOU SUBMIT YOUR APPLICATION:

- You will be notified of assistance results within 7-10 business days of submitting all required materials (see above 'application instructions').

Please EMAIL the completed application form and photocopies of supporting financial documents (if any) to: cnordin@stagesstlouis.org with the subject line 'Financial Assistance Application – Last Name'

FINANCIAL ASSISTANCE APPLICATION

This form should be completed by a parent or guardian if the student is under the age of 18. Financial assistance will only be awarded to students listed on this application.

STUDENT INFORMATION

Student #1:

Name: _____ Date of Birth: _____ (mm/dd/yy)

Class, Camp, or Production (list all): _____

Student #2:

Name: _____ Date of Birth: _____ (mm/dd/yy)

Class, Camp, or Production (list all): _____

Student #3:

Name: _____ Date of Birth: _____ (mm/dd/yy)

Class, Camp, or Production (list all): _____

FOR OFFICE USE ONLY

Received by:
Date/Time:

Approved by (initial):
Date/Time:

Assistance Amount Awarded:

CONTACT INFORMATION

Home Address _____ City _____ State _____ Zip Code _____

Work Phone (___) _____ Home Phone (___) _____ Cell Phone (___) _____

Email Address: _____

FINANCIAL INFORMATION

1. Total # of individuals in the household: _____
2. Provide a photocopy of supporting documents for ***one*** of the following:
   - 2024 or 2025 Tax Return (whichever one was most recently filed)
   - W2
   - Last *two* consecutive pay stubs
3. Check the box next to whichever financial assistance you currently receive, if any, and provide a photocopy of supporting documents for any income source selected:

   ☐ Unemployment Benefits

   ☐ Social Security Compensation

   ☐ Child Support

   ☐ Alimony

   ☐ State/Federal Subsidized Funding

By signing below, I acknowledge that I have read and understand the guidelines for financial assistance, and that all information provided in support of my application is accurate and complete to the best of my ability.

_____
(Applicant/Parent/Guardian Printed Name)

_____ _____
(Applicant/Parent/Guardian Signature) (Date)