



TUITION ASSISTANCE FORM

Name: _____

Address: _____

Phone: home _____ cell _____

Email Address: _____

Class requested (please include date/time):

What can you pay? _____

What is your annual household income? _____

Please attach a copy of your most recent proof of income. This can be paycheck stubs, DHS income statements, unemployment forms, Social Security, or other sources of income. If you are able, please include the first page of your most recent Federal Income Tax form.

If you have additional reasons for requesting assistance, please attach a letter of explanation.

Questions? Email mmcmahon@flowercityarts.org or call 585-244-1730

PLEASE RETURN FORM TO:

Email (Include "Tuition Assistance Request" in subject line):
mmcmahon@flowercityarts.org.

Mail/In-Person:

C/O Mev McMahon, Flower City Arts Center, 713 Monroe Avenue, Rochester, NY 14607

OFFICE USE ONLY

CLASS COST: _____

DATE RECEIVED: _____

ASSISTANCE AMOUNT: _____ STUDENT CONTRIBUTION: _____

APPROVED BY: _____ (*Executive Director*) DATE: _____

RECEIVED BY: _____ (*Finance Director*) DATE: _____