



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? _____

Household size _____

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 finance@flowercityarts.org or call 585-244-1730

PLEASE RETURN FORM TO:

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

Mail/In-Person:
C/O Kristin Rapp, Flower City Arts Center, 713 Monroe Avenue, Rochester, NY 14607

*****OFFICE USE ONLY*****

CLASS COST: _____ DATE REC'D: _____ ASSIST. AMT: _____ STUDENT CONT.: _____

APPROVED BY: _____ (Executive Director) DATE: _____

RECEIVED BY: _____ (Finance Director) DATE: _____