

Financial Aid Application

NuVu Summer's Financial Aid Program is designed to help as many children as possible experience our program. Applicants may be awarded tuition assistance based on family need and availability of financial aid funds. The directors will review applications and notify eligible applicants within two weeks of receipt of this form. All information in this application is confidential. NuVu Summer has a finite amount of financial aid to award every summer and financial aid is provided on a first come first served basis. This form must be fully completed and signed.

Student Information		
Name	Date of Birth	
School Grade in Fall		
Address		
Parent/Guardian Information		
Parent / Guardian 1		
Name		
Occupation	_ Income	Employer
Email		
Parent / Guardian 2		
Name		
Occupation	_ Income	Employer
Email		
Student lives with (indicate one):		
Parent/Guardian 1 only		
Parent/Guardian 2 only		
Both Parents/Guardians		
Other (please specify):		

Household Information

Please check which Annual Household Income bracket you fall under before Taxes (all sources of income)

Household Size / Household Income										
2 person		3 person		4 person		5 person		6 person		Aid per chile
\$77,610 and under		\$87,360 and under		\$97,045 and under		\$104,781 and under		\$112,581 and under		75% aid
\$77,611 - \$95,520		\$87,361 - \$107,520		\$97,046 - \$119,400		\$104,781 - \$128,960		\$112,581 - \$138,560		50% aid
\$95,521 and above		\$107,521 and above		\$119,401 and above		\$128,961 and above		\$138,561 and above		25% aid
	ase inclu	ide a copy o	of this yea rcumstar	ar's tax retu	rn, pay st	ub, or proof			ve take ea	ach
☐ Please include a copy of this year's tax return, pay stub, or proof of assistance. We understand that there are circumstances that can affect family financial resources, and we take each										ach
Contribut	·	. 011 4 0400 1	,, 0000 5	u 0.0.						
All families is in line wit your family	h their m	eans. Before	e any con		-				-	at
Total tuition	for stud	io registratio	on							
Amount our	family c	an contribut	e							
Amount fro	m other s	sources								
Total amount we are requesting										

Please use this page to add any information about your financial need that could not be expressed with the aforementioned information requested:						
The statements made in this form are true, complete, and correct. I understand that any misrepresentation of information shall be considered sufficient reason for withdrawal of an application with NuVu Studio.						
Parent/Guardian Signature Date						

Please send the completed application along with any supporting documents to: sarine@nuvustudio.org