



COLUMBIA DANCE CENTER

1700 Broadway
Vancouver, WA 98663
(360) 737-1922
www.columbiadance.org



FINANCIAL AID APPLICATION 2024/2025

Columbia Dance is a non-profit organization with a mission of presenting dance as a life-enhancing experience to our students and to our community. It is our goal to make dance education accessible to as many children as possible, and as part of that goal we maintain a healthy financial aid fund to assist any families who might not currently be able to afford tuition for extracurricular activities.

Please fill out the information below to help us award your student financial aid for the upcoming summer session and/or school year. In addition to the financial figures, please explain to us any particular strains on your family at this time (medical bills, supporting a parent, college tuition, recent job loss, etc.). We pride ourselves in looking at the whole picture and not just the numbers.

Once complete, submit your application to us either by dropping it by the front desk or emailing it to financialaid@columbiadance.org. Our Financial Aid Committee will then review your application and let you know what kind of award we can provide within 3 weeks of receipt of application.

While the majority of our financial aid decisions are made prior to the start of the school year, we do accept applications year-round. Families who join our school mid-year can apply for financial aid at that time. Current families whose financial situations change mid-year are welcome to apply for financial aid at that time. Financial aid awards are given for the entirety of the school year and are contingent on the student consistently attending class with positive behavior. Applicants are asked to re-apply each year for financial aid consideration.

Financial Aid information is kept confidential.

Please reach out if you have any questions about our financial aid program or application process. We are excited to partner with you to bring the joy of dance to your child. Thank you for applying to Columbia Dance's Financial Aid Fund.



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Please attach supporting documentation to support your financial situation, such as a recent pay stub. If you have any questions, please contact our office at 360-737-1922 or financialaid@columbiadance.org.

STUDENT(S) NAME(S) & AGE(S): _____

How did you hear about our Financial Aid Program? _____

PARENT/GUARDIAN:

Name: Address: Email: Phone:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	
# of Dependents with ages:	
Monthly Take-home pay:	Other monthly income (child support/alimony, disability, etc.):

SPOUSE OR FINANCIAL PARTNER (If Applicable):

Name:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled	
Monthly Take-home pay:	Other monthly income (child support/alimony, disability, etc.):



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MONTHLY EXPENSES:

Monthly Rent/Mortgage:	Credit Card Payments:
Loan Payments (Auto, School, etc):	Additional Bills (Utilities, Insurance, Food):

Use the space below to explain why Financial Aid is needed at this time. Provide any additional information that will help the financial aid committee understand your circumstances.

Please let us know how much you are able to pay for your child's dance tuition. Our financial aid committee will do it's best to award aid in the amount you require.

SUMMER 2024: <input type="checkbox"/> I am not able to pay any tuition. <input type="checkbox"/> I am able to pay \$_____ (amount) per student
2024-2025 SCHOOL YEAR: <input type="checkbox"/> I am not able to pay any tuition. <input type="checkbox"/> I am able to pay \$_____ (amount) per student per month
Do you need assistance purchasing dress code items for your child? _____
Do you need complimentary tickets to any performances your child participates in? _____

By signing below, I certify that the information included in this application is true to the best of my knowledge. I understand that the discovery of any misrepresented/false information is cause for immediate denial of financial aid request.

Print Name: _____

Signature: _____ Date: _____