

For office use only:

Date Enrolled: _____ Initial: _____



421 Fifth Avenue, Brooklyn, NY 11215
www.bax.org | 718.832.0018

Brooklyn Arts Exchange
arts and artists in progress

Financial Aid Application

Today's Date: ____/____/____

BAX is committed to providing financial assistance for all our programs. **No student is turned away based on their inability to pay.** You must reapply for financial assistance at the beginning of each trimester, with the exception of DPW and BAXco students who apply annually. Deadline for submitting an application is the first day of classes of the trimester for which you are applying. You must submit one form for EACH child. **You will be contacted within 10 days of your submission. Please register and attend the first week of classes as usual.**

Personal Information:

Child

Name _____ Gender M F DOB __/__/__

Child's School _____ Grade _____

Cell Phone (optional) _____ Email (optional) _____

Parent(s)/Guardian(s)

Name #1 _____

Address (street) _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Name #2 _____
 Address (street) _____
 City _____ State _____ Zip _____
 Phone (home) _____ (work) _____
 (cell) _____ Email _____

Enrollment: Fall Winter Spring

Class #1 _____ Day _____ Time _____

Class #2 _____ Day _____ Time _____

Class #3 _____ Day _____ Time _____

DPW I DPW II DPW III BAXco (by audition only)

Financial Aid Amount Request:

I am applying for a 20% 40% 75% scholarship applied to full tuition amount.
 The \$35 registration fee is waived for approved scholarship recipients.

For information about our **full scholarships**, please refer to the Dani Nikas Fund for the Development of Young Artists located on our website at bax.org/youth/financial-aid

Yearly Income	Financial Aid
< \$20k	75%
20k-30k	40%
30k and up	20%

The table above contains suggested guidelines for what percentage you may request depending on your income. However, we understand that every circumstance is different and that there may be other factors which contribute to your financial need at this time. Ultimately you decide what is appropriate for you.

General Financial Information: (Information is for office use only and will be kept confidential.)

Parent/Guardian #1

Place of Employment: _____ **Position:** _____

Work Address: _____ **Work Phone:** _____

Salary: (specify yearly or weekly) _____

Other income: _____

Parent/Guardian #2

Place of Employment: _____ Position: _____

Work Address: _____ Work Phone: _____

Salary: (specify yearly or weekly) _____

Other income: _____

Number of children/dependents living at home: _____

What other activities does your child participate in? _____

What do you typically spend on these activities? (specify yearly or weekly) _____

Please detail other circumstances which are contributing to your financial need at this time. _____

We often call on scholarship families to help us in a variety of ways. Please check any of the following opportunities at which you are available to assist:

Student Concerts (in 3-4 hour shifts):

- Sat & Sun December 10th & 11th Sat & Sun June 9th & 10th
 Bake Sale for _____ concert(s)

Mailing Party Days:

- Mid-late November Mid-late May

Stoop Sales (in 2-3 hour shifts):

- Mid-late October June

*You may submit this form by dropping it off at BAX reception, mailing it to us at **421 Fifth Avenue, Brooklyn, NY 11215** or faxing it to us at **718-832-9189**.
You will receive an email with the status of your scholarship request by the end of the first trimester week if we are able to honor your scholarship request.
Please call **718-832-0018** with any questions.*

