

Bad Dog Arts

Reduced Fee/Tuition Waiver Application

Student Name _____ Age _____ Birth Date _____
(please print)

Camp or Class Interested in 1st Choice _____ 2nd Choice _____

Parent or Guardian Names _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Mom's Phone _____

Dad's Phone _____ Other Phone _____

Email (1) _____ Email (2) _____

Do parents reside in the same household? Yes ___ No ___ Marital status: Married ___

Divorced ___ Separated ___ Single ___ Number in household: Adults _____ Children _____

Does your family qualify for the Federal Free School Lunch Program? Yes ___ No ___

Yearly Family Income (AGI): _____ Adjusted AGI: _____

Special Financial Considerations (please describe) _____

What percentage of tuition reduction are you requesting? Circle one 100% 75% 50% 25%

Could you contribute to your child's or teen's tuition in other ways? Volunteer _____

Snacks _____ Supplies _____ Other _____

I understand that all information I provide is private and confidential. By my signature below, I acknowledge that all of the above information is accurate and true.

Parent Signature _____ Date _____
(Parent or Legal Guardian must sign)

****Proof of Income is required – I have attached (circle One)**

Most Current Tax Return	Current W2	DWS Financial Benefit Statement	Employer Verification Letter	Housing Authority Annual Income Form	Other Please Specify _____
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824 South 400 West, B129 • Salt Lake City, Utah 84101 • 801-322-3816
www.baddogarts.org