



THE REIF

boxoffice@reifcenter.org

218.327.5780

Reif Arts Education: Need-Based Scholarship Application

About Scholarships

The Reif has made performing arts education programs a priority for our community. We want to include everyone in our programs regardless of financial status. Please email or call the box office at the number listed above if you have questions.

***Scholarships are contingent on availability of funds and issued as first come, first served.

Process

1. Before completing this scholarship application, you must register for a Reif Arts Education program. There is a registration or partial tuition fee for all Reif Education programs that must be paid regardless of scholarship status.
2. Please note that the cost of any required costumes or equipment is not covered by scholarships and will be your sole responsibility (please inquire with questions).
3. Families with multiple children enrolled may complete **one** application for all children; you must, however, submit one application per discipline (e.g., if you want to enroll your student in dance and theater, please complete two separate applications).
4. Applications must be received **at least 10 business days** before the start of each program/session.
5. Please return the completed application to the Reif Box Office in person or via postal mail: Reif Center, 720 NW Conifer Drive, Grand Rapids, MN 55744.

Expectations for Recipients

1. Abide by the rules and handbook for the Reif education program.
2. Timely payments of all fees not covered by the scholarship award.
3. Actively participate in your program / maintain good attendance.

PLEASE RETAIN THIS PAGE FOR YOUR RECORDS

PLEASE SIGN AND RETURN PAGE 2

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY
Questions? 218.327.5780

Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip: _____

Email _____ Phone _____

WHICH PROGRAM ARE YOU APPLYING FOR? "X"

Dance Theater Film Music

How many students are you applying for? _____

• Student's Name _____

• Student's Name _____

• Student's Name _____

(if more than 3 children, please add additional names on the back of this form)

Household size (adult + children total): _____

Total gross household income:

Less than \$30,000

\$30,001 - \$50,000

\$50,001-\$74,999*

*Households with income greater than \$75,000 will not qualify for assistance.

STATEMENT OF NEED (optional): If income doesn't fully explain your needs, please describe other factors on the back of this form.

****I certify the above information is accurate; furthermore, I agree to abide by the protocols set forth in this application and ensure my student's participation and adherence to policies:***

Parent/Guardian Printed Name

Parent/Guardian Signature

Date