



FINANCIAL AID INFORMATION SHEET PLEASE READ CAREFULLY

WHO CAN APPLY FOR FINANCIAL AID?

Any student attending programs at the Rainey Institute may apply for aid. Students receiving aid must be enrolled and are expected to attend the program regularly, and show interest.

HOW IS FINANCIAL AID AWARDED AND HOW OFTEN?

Income based financial aid is available ranging from a 25% discount to 100% discount per school year/per family and is based upon financial need. Financial aid applicants must submit the proper registration materials and proof of income at the same time as submission of the financial aid form. **Renewal of financial aid each year is not automatic; therefore, it is necessary to reapply each school year for the fall semester.**

Financial aid is used to pay for tuition only and is not applied to registration or other fees. In the case of discontinuance during a semester, financial aid will be prorated according to tuition still outstanding. Any accounts that are sent to collection for non-payment may have any remaining financial aid removed.

HOW DO I APPLY?

You must apply for aid in person, by completing the Rainey Institute Application for Financial Assistance. It is important that you include copies of the items listed on the enclosed checklist with your application. You will be required to present the original copies in person as part of the approval process.

HOW WILL I KNOW IF I WILL RECEIVE ASSISTANCE?

All applicants will receive an official award letter from the Rainey Institute with notification of approval or denial of financial aid. The applicant has 15 days from the date of the official award letter to register for lessons/sessions. After this date the financial aid award is withdrawn and no longer valid.

PLEASE NOTE:

Parents/guardians are responsible for payment of all registration fees and tuition until the application for financial aid has been approved.

FINANCIAL AID APPLICATION MATERIALS CHECKLIST:

- Photo ID
- Birth Certificate for *EVERY* household member
- Social Security Cards for *EVERY* household member
- Pay stubs for the last 3 months for *EVERY* household member OR W-2 for *EVERY* household member OR Proof of Income letter from the county OR an explanation of how you are currently maintaining your household
- Signed and completed Application for Financial Aid
- Proof of Assistance (SNAP, etc.)
- Proof of Child Support
- If you have no income, please type a letter describing circumstance.



Application For Financial Assistance

The Rainey Institute is committed to providing Financial Assistance for all our programs.

To apply for financial aid for any Rainey program, please complete this application and submit it to Rainey. We will be in contact with you regarding your financial aid request within ten days of receiving your application. You must complete a new application or extension for each new term, even if you have received financial assistance in the past.

Your completed application will serve as a deposit for your child(ren)'s temporary registration in Rainey's program. Please attend the first week of classes as usual, even if you have not yet received a financial aid offer. Once you have received and accepted a financial aid offer, your child(ren) will be officially registered in their class(es). If you have any questions or concerns, please contact us at 216-881-1766.

By making an offer of financial assistance, Rainey is making a significant commitment to your family, and we expect that your family is likewise making a commitment to Rainey and to your child's full participation in our program. **Please initial below to confirm that you understand the following:**

_____ I understand that the Rainey Institute will work with me to create a payment structure that is affordable for my family.

_____ I understand that if I accept a financial aid offer, my child is expected to complete the full term in the classes for which financial assistance has been offered, and must attend all scheduled classes and performances of the term, except in cases of illness or emergency.

_____ I understand that if illness or emergency prevents my child from attending a class or performance, I must contact Rainey as soon as possible at 216-881-1766.

_____ I understand that if I accept a financial aid offer, I am expected to make all scheduled payments on time, and that if I am unable to make a payment on time, I must contact Rainey as soon as possible at 216-881-1766.

_____ I understand that if I do not meet the above expectations, I may jeopardize my eligibility for financial aid in the future.

*You can submit this application by dropping it off at the front desk or mailing it to Rainey at **1705 E.55th St, Cleveland, OH 44105.***

For office use: Date Received _____ Registered <input type="checkbox"/>	Initial _____
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Enrollment Information

Please list information for each child in your family registering for a Rainey class, as well as all classes for which they plan to enroll. Rainey cannot guarantee that space will be available in all classes, and we will contact you about alternative options if it is not possible to register your child(ren) in the classes requested.

Student #1

Name _____ Gender M F DOB ____/____/____

School _____ Grade _____ Age _____

Rainey Class Enrollment Request

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

If space is not available in the class(es) listed above, would the student(s) be interested in taking a different Rainey class? Yes No Explain: _____
(e.g. only available on Mondays, only with the same teacher, only another drama class, etc.)

Student #2

Name _____ Gender M F DOB ____/____/____

School _____ Grade _____ Age _____

Rainey Class Enrollment Request

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

If space is not available in the class(es) listed above, would the student(s) be interested in taking a different Rainey class? Yes No Explain: _____
(e.g. only available on Mondays, only with the same teacher, only another drama class, etc.)

Student #3

Name _____ Gender M F DOB ____/____/____

School _____ Grade _____ Age _____

Rainey Class Enrollment Request

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

Class _____ Day _____ Time _____

If space is not available in the class(es) listed above, would the student(s) be interested in taking a different Rainey class? Yes No Explain: _____
(e.g. only available on Mondays, only with the same teacher, only another drama class, etc.)

Family Information

Please include as much information as possible about all of these students' parents or guardians. Where applicable, please feel free to list grandparents, stepparents, or other guardians. On this page, we are looking to learn more about the students' entire family support network

Primary Guardian(s)

This person will be Rainey's primary family contact. If you would like Rainey to be in communication with other parents or guardians, please indicate below.

Name _____

Relationship to child(ren) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Please include any additional information about this parent/guardian

e.g. Does not provide financial support, will pick student up from class, parents separated, legal guardian, foster agency, etc.

Other Parent/Guardian

Name _____

Relationship to child(ren) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Please include any additional information about this parent/guardian

e.g. Does not provide financial support, will pick student up from class, parents separated, legal guardian, foster agency, etc.

Other Parent/Guardian

Name _____

Relationship to child(ren) _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Please include any additional information about this parent/guardian

e.g. Does not provide financial support, will pick student up from class, parents separated, legal guardian, foster agency, etc.

General Financial Information

This information is for office use only and is kept strictly confidential. The more information you are able to provide, the better we can assess your need for financial assistance. On this page, we are looking to learn more about the financial resources available to the student(s). Please list only parents or guardians who provide financial support to the student(s).

Parent/Guardian #1

Name _____ Relationship to student _____ Soc. Sec.# _____

Place of Employment _____ Position _____

Work Address _____

Work Phone _____ Hours per week _____

Salary \$ _____ Yearly Monthly Weekly Other _____

Please describe any other sources of income or aid:

e.g. Medicaid, food stamps, child support, financial assistance from other organizations, etc.

Parent/Guardian #2

Name _____ Relationship to student _____ Soc. Sec.# _____

Place of Employment _____ Position _____

Work Address _____

Work Phone _____ Hours per week _____

Salary \$ _____ Yearly Monthly Weekly Other _____

Please describe any other sources of income or aid:

e.g. Medicaid, food stamps, child support, financial assistance from other organizations, etc.

Including the student(s), how many children or dependents are supported by these adults?

e.g. other children, full-time students, dependent parents, etc.

What other activities do(es) your child(ren) participate in outside of school?

Please note whether these activities charge tuition, are free of charge, or are offering you financial assistance.

How much do you typically spend on these activities? _____ Per year Per semester Per month

Please detail any other factors contributing to your financial need at this time:
