

2020-21 Application for Support Our Students Fund

In keeping with the mission of DSAFF, the Support Our Students Fund promotes inclusivity and equity at DSA by providing financial resources to families facing financial hardship. By offsetting these costs with supplemental funding, DSAFF aims to increase the potential for achievement in all DSA students. Generally, this support would “fill in” for costs that are otherwise borne by families at DSA.

Examples might include:

- Private lessons for their major
- Equipment & supplies required for their major, including instrument rental, performance attire/shoes, etc.
- Academic supplies such as AP books and/or fees for AP or CU Succeed classes
- Academic prep courses or tutoring

These funds are not intended to support travel of any kind.

APPLICATION PROCESS:

1. Requests for support must be made directly by Student’s Parent/Guardian, by completing this application.
2. Parent/Guardian must indicate financial need by selecting one of two options on Application Page 2.
3. Submit completed application electronically via info@dsafriends.org, with *Support Our Students* in the subject line. Households unable to submit electronically can contact Susan@dsafriends.org to submit a hard copy application.
4. All applications are due by 11:59 PM, Sunday October 18, 2020. Applications received after that date will not be accepted.
5. The Support Our Students Fund Committee will review all applications and inform families of the decisions by October 23, 2020.

Please fill out the below information and use the back of the form to indicate expenses to be covered, as well as financial need.

APPLICATION DEADLINE IS OCTOBER 18, 2020

Name of Parent/Guardian:	
Parent/Guardian Email:	Phone Number:
Student’s Name:	Major:
Student’s Grade (Fall 2020):	
Street Address:	
City, State, Zip:	

Expenses to be covered (Select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Private lessons for major* | <input type="checkbox"/> Academic Tutoring/Prep Course* |
| <input type="checkbox"/> Art Equipment/Supplies | <input type="checkbox"/> Academic Supplies or Fees |
| <input type="checkbox"/> Other Arts-related need:
_____ | <input type="checkbox"/> Other Academic need:
_____ |

*If taking lessons of any kind, please provide the following:

Name of Instructor or Course _____

Hourly Rate _____ Frequency/Number of Hours of Instruction _____

Please provide a detailed description of what these funds are needed for and the expected cost of each.

Total amount of financial assistance requested: _\$ _____

Select one of the below options.

I (Parent/Guardian) certify that our household income does not exceed the below amounts, based on 80% of the Denver Area Median Income/AMI.

# of People in Household	2 People	3 People	4 People	5 People	6 People
Income <	\$59,400	\$66,850	\$74,250	\$80,200	\$86,150

I (parent/guardian) have included a Statement of Need with this application. I will include it as an attachment when submitting the application.

Parent/Guardian Signature

Date

