



SUMMER STUDY FINANCIAL AID 2011

The NOCCA Institute's Summer Study Financial Aid Program, which is based on both need and merit, supports the professional arts-training of NOCCA students at programs across the country. The Financial Aid Committee takes into account the total cost of attending the program, information regarding other sources of funding, and faculty recommendations regarding a student's talent, commitment and ability. Applicants must be current NOCCA students in good standing. Graduating seniors may submit an application but will be considered *after* returning students' applications have been awarded and funds remain available.

DEADLINE - MARCH 28, 2011

All application materials **MUST** arrive at The NOCCA Institute office or in the Institute's mailbox in the NOCCA front office by **Monday, March 28 at 5:00 p.m.** Please submit your application sooner if possible via **mail, fax (504.940.2870) or in person.** You will be notified of the committee's decision by May 1, 2011. If you have any questions please call The NOCCA Institute at 504.940.2900.

APPLICATION REQUIREMENTS

1. Fully completed application form, with all signatures and costs.
2. **Proof of total family income.** Please submit the first two pages only of the most recent tax returns of **BOTH** parents or your legal guardian. Documentation of social security, pay stub, child support and/or public assistance is also acceptable. You are welcome to submit a "Special Financial Circumstances" letter if applicable, documenting special need not apparent from proof of family income. **PLEASE BLACK OUT SOCIAL SECURITY NUMBERS -- they will be listed on the top right hand corner on both pages and for each dependent.**
3. **A short essay by student.** Please describe in a short essay (no more than two pages) yourself, your art and community activities and why you want to attend this particular summer program. Write neatly if handwritten.
4. **Two letters of recommendation from NOCCA faculty members.** Give your teachers ample notice that you want them to submit a recommendation on your behalf. These must be received by the March 28, 2011 deadline.
5. **A copy of the application for the summer program (or programs) to which you are applying.**

GUIDELINES

1. Because so many students request assistance, the Institute is unable to cover your entire cost of attending a summer program or help every student who applies. You will be responsible for a portion of the funds for your program.
2. The cost for some programs has risen dramatically. Should your first choice program be more expensive than can be funded via Institute support and family resources, we recommend you also submit for a less expensive program to provide options.
3. Financial aid recipients must attend the program for which aid is requested. **If your plans change, notify The NOCCA Institute immediately.** With permission from The NOCCA Institute and NOCCA faculty, awards may be transferred to another program. Awards are paid directly to the program.
4. **If the summer program awards you a scholarship,** or other sources of money become available that will reduce the cost of your attendance, **YOU MUST NOTIFY THE NOCCA INSTITUTE IMMEDIATELY.** The Institute's contribution will be reduced accordingly so that other students may also be helped.
5. **If you withdraw from a summer program after confirming your attendance and the Institute has paid your award, you will be responsible for reimbursing the Institute for any amount that the summer program does not return to the Institute.**



Date Rec _____

IL _____

A _____

Summer Study Financial Aid Program 2011

APPLICATION

Student Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-mail _____ Parish _____

MOTHER'S NAME _____ Phone _____
Employer _____ E-mail _____

FATHER'S NAME _____ Phone _____
Employer _____ E-mail _____

OR LEGAL GUARDIAN _____ Phone _____
Employer _____ E-mail _____

With whom does student live? (please name all in household) _____

DISCIPLINE: Creative Writing Media Arts Classical Theatre Design Drama
Dance Vocal Jazz Musical Theatre Visual Arts

LEVEL: I II III IV Intro

GRADE May 2011 _____ **SENDING SCHOOL** _____

How long have you attended NOCCA? _____

What grade did you receive for the last quarter/semester work at NOCCA? _____

Are you returning to NOCCA for the 2011-12 school year? (circle one) yes no

Do you have a part-time job? _____

Do you volunteer and if so where/how often? _____

SUMMER PROGRAM INFORMATION (to list more than one program to which you are applying, print this page again.)

Name of Program you wish to attend _____

Address _____

Street

City

State

Zip

Phone _____ Length of Program (# weeks) _____

Have you been accepted? (circle one) yes no If not, when to do you expect to hear? _____

FINANCIAL INFORMATION

Tuition for program you wish to attend \$ _____

Room and board (if not included in tuition) \$ _____

Travel costs (estimate, if necessary) \$ _____

The total cost to attend the program \$ _____

The NOCCA Institute cannot cover all costs of attending a summer program. Applicants must provide remaining funds from family or other sources. What other sources do you have and how much will be provided? Be sure to include any other scholarships, financial aid from the summer program, a part-time job, a loan, parent's help.

<u>Source</u>	<u>Amount</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

TOTAL AMOUNT REQUESTED FROM THE NOCCA INSTITUTE \$ _____

Are there any special **financial circumstances**, not apparent from your proof of financial income, that you wish the committee to consider when reviewing your application? (circle one) yes no

If yes, please attach a separate sheet explaining the circumstances. This can be a letter from one of your parents describing any factor, such as the number of children in your family, family member illness, or a recent loss of income which increases your need for financial assistance.

List all summer programs (name and location) which you have attended since enrolling in NOCCA:

List the names of the two NOCCA faculty members from whom you have requested letters of recommendation:

1. _____ 2. _____

I agree to all guidelines specified by The NOCCA Institute Summer Financial Aid Program. I understand that receiving an award of financial aid from The NOCCA Institute does not assign any responsibility or liability to The NOCCA Institute.

Student's signature _____ Date _____

Parent's or Guardian's signature _____ Date _____

Return to: The NOCCA Institute, 2800 Chartres Street, N.O., LA 70117, Ph 504.940.2900, Fax 504.940.2870