

The Children's Theatre Student Financial Aid Application Form

Name of Student: _____

Date of Birth: _____

Class(es) Student is applying for: _____

Address for all Correspondence:

City: _____ State: _____ Zip Code: _____

Email Address: _____

Student's School: _____

Name of Parent/Guardian #1 at this address:

Home Phone: _____ Cell Phone: _____

Occupation/Employer: _____

Monthly Earnings (BEFORE taxes): \$ _____

Name of Parent/Guardian #2 at this address:

Home Phone: _____ Cell Phone: _____

Occupation/Employer: _____

Monthly Earnings (BEFORE taxes): \$ _____

Additional monthly household income (include ALL sources: alimony or support from non-custodial parent, Veterans/Social Security benefits, unemployment or workers' compensation, federal or state aid, etc.): \$ _____

Total number of people living in the student applicant's household supported by the above income: _____ (REQ'D)

Please check one box:

I am applying for a full scholarship only.

I am interested in receiving a full scholarship, but would also accept a partial scholarship.

My signature verifies the above statements to be true, and further acknowledges my understanding of the commitment that will be required once I accept the scholarship.

Parent/Guardian Signature: _____

Date: _____