

Children's Theater of Madison

Financial Assistance Application

Applications will be reviewed as they arrive, and recipients will be notified shortly thereafter. Scholarships are awarded based upon financial need and the applicant's demonstration of interest and commitment to the program.

Name of the Class _____

Student Name _____ Age _____

Parent/Guardian (if minor) _____

Home Address _____

Home Telephone _____ Work Telephone _____

Email _____ Cell Telephone _____

Please answer the following questions:

Are you able to pay any portion of the tuition? YES NO

If yes, how much? _____

Has the applicant previously attended CTM classes? YES NO

If yes, which class? When? _____

Has applicant received financial assistance from CTM in the past? YES NO

If yes, when? Amount? _____

How many people are living in your household? _____

Please enclose a copy of your family's eligibility for free/reduced school lunch with your application. If you have financial circumstances that are not reflected (e.g., recent layoff or loss of job, parent called to active duty, parent returning to school, etc.), please include documentation (such as a copy of a tuition bill or pink slip) to support these concerns. If you cannot provide a copy of your family's eligibility for free/reduced school lunch, please include a letter from your school, church, or employer proving financial need. Financial need is determined according to the Cost of Living table provided by the American Institute for Economic Research.

Number of Family Members 2007-2008 Family Income (equal or less than)

2	\$25,327
3	\$31,765
4	\$38,203
5	\$44,641
6	\$51,079
7	\$57,517
8	\$63,955

Please note: Financial information will be kept confidential and will be used only for purposes related directly to processing the Financial Assistance Application for CTM's programs.

Applicant, please answer the following questions. Answers will be used in determining eligibility for financial assistance.

Returning Students:

What did you learn from your past Acting Class experience? What do you want to accomplish this year?

What interests you about CTM's Acting Classes?

What do you hope to gain from participating in our Acting Classes?

Please return this form to CTM, 228 State Street, Madison, WI 53703 or fax to 255-6760.

Thank you.