Playhouse Theatre Academy Financial Aid Application

**** Please download or print out this application. DO NOT FILL OUT ONLINE**

Once completed please send to both Jill Zarcone jzarcone@playhousetheatregroup.org AND Jonathan Katz, jkatz@playhousetheatregroup.org.

You are required to submit your most recent US Tax Return.** If you do not have one, you must submit one or more of the following:

- A copy of your W-2
- Proof of unemployment (statement of benefits)
- Proof of social security (statement of benefits)

Please contact Jonathan Katz, Company/Business Manager at jkatz@playhousetheatregroup.org, if you do not have any of the above items.

Section 1: Student Information

Student's Name:_____ Application Date:_____

Program/Class:_____

Birthday:_____

Gender:_____ Grade: _____

Street Address:_____

Town/City: _____ State:_____

Zip:_____

Has this student previously enrolled in a Playhouse on Park or Playhouse Theatre Academy program? (circle or X one) **No** **Yes**

Section 2: Parent/Guardian Information

Parent / Guardian Information #1:

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Have you previously applied for financial aid at Playhouse on Park **Yes** **No**

Parent/Guadian Name:_____

Street Address (if different than student):_____

Town/City:_____State:_____ Zip:_____

Email Address: _____

Phone Number: _____

Place of Employment: _____

Position: _____

Has this person been laid off within the last 12 months?(circle or X one)

Yes **No**

Is the student a dependent of this person? (circle or X one) **Yes** **No**

Parent / Guardian Information #2:

Parent/Guardian Name:_____

Street Address (if different than student):_____

Town/City:_____ State:_____ Zip:_____

Email Address: _____

Phone Number: _____

Place of Employment: _____

Position: _____

Has this person been laid off within the last 12 months? **Yes** **No**

Is the student a dependent of this person? **Yes** **No**

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Please indicate if parent / guardian #1 and #2 are (circle one):

Married / partnered divorced / separated single / not applicable

Number of people in the household (including student): _____Please list their names and relationships below:

Do you have family members you support who are not currently residing with you?

Yes **No**

If so, what are their names, relationships, and ages:

Section 3: Financial Information

1. As of today, what is the current total of your cash, savings account, and checking account?

2. Estimated monthly housing expense:

3. Additional bills and expenses you would like us to consider:

Agreement for Playhouse Theatre Academy Policy Request forAdditional Information

Playhouse Theatre Academy reserves the right to ask for any additional information that helps us to better assess your financial situation.

I confirm that the information contained in this application is complete and accurate, to the best of my knowledge, and provides an accurate representation of the household's financial status. If the information in this document is found to be falsified, that will prohibit the applicant from receiving future financial aid. In addition, if the student displays behavioral or attendance issues during a Playhouse on Park program, that may result in him / her becoming ineligible for future aid consideration.

Printed name of Parent / Guardian:

_____Si

gnature of Parent / Guardian:

_____

Date:

_____

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