

Application For Tuition Assistance



APPLICATION DATE _____

Actor / Registrant

Name	_____	Date of Birth	_____
School	_____	Grade	_____

Parent / Guardian #1

Name	_____	Occupation	_____
Email	_____	Phone No.	_____

Parent / Guardian #2

Name	_____	Occupation	_____
Email	_____	Phone No.	_____

Total Annual Income:

Parent / Guardian #1 _____ Parent / Guardian #2 _____

Number of people supported by this income:

Adults _____ Children _____

What percentage of Artbarn's tuition do you feel you can afford to pay?

75% 50% 25% 0% (Full Assistance)

Are there any other financial considerations you would like us to be aware of?

I hereby certify that all of the above information is true, and if there is a change in my financial situation after this form is signed, I will notify Artbarn Community Theater.

Parent / Guardian Signature _____