Financial Assistance Form

Financial Assistance is available for Youth Production Classes on the basis of family need. Financial Assistance forms with incomplete information will not be considered. Applications will be reviewed on a first-come, first-served basis and are approved according to availability of camp space and financial assistance funds. Applications for any class 2019-20 must be received before the start date of the class to be considered. As such, we ask every family to pay as much towards the tuition as they can afford so we may spread the scholarship money to as many families as possible.

**HOW DO YOU APPLY?**
Complete the enclosed application and return it to Asheville Community Theatre.

1. Applications will only be accepted with complete information. Incomplete applications will be returned to the parent/guardian. All questions MUST be answered, all spaces MUST be filled.
2. Only one Financial Assistance request may be submitted per student.
3. Applications **must** be submitted with the appropriate 2019-20 Youth Production Class. A position in the class cannot be held with the $100 deposit (unless other arrangements are made)
4. Applications must be **received ON or BEFORE the first day of class. The earlier the form is submitted, the better. Many of our classes fill before the start dates.**

Return all forms to:
Asheville Community Theatre
35 E. Walnut Street
Asheville, NC 28801

NOTE: Submitting a financial assistance form does not register your child for class.

**WHO IS ELIGIBLE?**
Applications will be reviewed and processed on a point scale to maintain fairness to everyone. The points will be based on 1. income range, 2. family size, 3. class program expense, 4. financial contributions and 5. funding in the past.

Payment plans are available for anyone but need to be set up BEFORE class so that they can be paid in full by the first day of camp. For questions on payment plans, please contact us at chanda@ashevilletheatre.org or call Chanda Calentine at 254-1320 ext.27.

**WHAT HAPPENS IF I AM AWARDED A SCHOLARSHIP?**
If awarded a scholarship, you will receive written notification in the mail of your scholarship amount. Your child may not receive the entire requested amount. If a scholarship is granted, the child will be expected to write a thank-you note to the sponsoring organization or a generic letter to ACT. We also welcome thank-you letters from parents or guardians.

If you have any questions, please feel free to call our Box Office at 254-1320 between the hours of 10:00 AM to 4:00 PM, Tuesday through Friday.
STUDENT INFORMATION:

Student’s Name

If a request is being made for more than one child, please fill out a separate application for each

Date of Birth _____ / _____ / _____  Gender _____  Grade in the fall of 2016 _____

Has this child participated in educational programs at Asheville Community Theatre or attended our summer camp before?  □ Yes □ No  If Yes, when? ________________________________

Has this child or another family member ever received financial assistance from Asheville Community Theatre for programs in the past?  □ Yes □ No

Parent/Guardian Name(s) ________________________________________________________________

Mailing Address _____________________________________________________________

City/State/Zip ___________________________________________________________ County _____

Best Phone (_____)(__________)  Alternate Phone (_____)(__________) ____________________

FAMILY INFORMATION:

Marital Status: □ Single □ Married □ Domestic Partner □ Divorced □ Widowed □ Separated

Number of children under 18 living in home: _____  Children’s ages:__________________________

Number of other adults living in home: _____  Relation: ____________________________  Age:____

Primary Income: ___________________________  Secondary Income: __________________________

Occupation: ____________________________  Occupation: ____________________________

Employer: ____________________________  Employer: ____________________________

Circle One:  Part Time  Full Time  Circle One:  Part Time  Full Time

· Total family income for last month: __________________________

· Average monthly expenses: __________________________

· Gross annual income from employment: __________________________

· Additional Income Sources (Check all that apply and list amount):

  Disability: __________  Alimony: __________  Pension: __________

  Social Security: __________  Child Support: __________  Other: __________

Does your family currently receive any of the following forms of public assistance? (Circle all that apply)  WIC  Food Stamps  Section 8  Other Assistance

Does student qualify for free or reduced lunch at school?  □ Yes □ No
Total Annual Income (Gross Annual Income + Additional Income): _______________________

Reason for Financial Assistance request (circumstances to be taken into consideration)

FINANCIAL ASSISTANCE REQUEST INFORMATION:
Class (circle one): Addam’s Family, Jr       Knights at Noon       Teen Prod Class
Frozen, Jr       Peter Pan, Jr

$ _________ Class Cost
$ _________ Family Contribution
$ _________ Financial Assistance Amount Requested

AGREEMENT:
I have read the class description/dates and understand the Financial Assistance guidelines. I understand that in order to spread the total money available to as many families as possible, each family is expected to pay some amount towards their student’s tuition. This form has been completed accurately to the best of my knowledge.

Name of Parent/Guardian who completed this form

_____________________________________________ Date

Parent/Guardian Signature