

FINANCIAL AID APPLICATION

PERSONAL INFORMATION

Student Name:	Birth Date:
School:	Rising Grade Level:
Parent Name:	Relationship:
Address:	City/State/ Zip:
Daytime Phone:	Evening Phone:
Email Address:	
OPTIONAL QUESTIONS What is your student's gender:	
How would you describe your studen	it's ethnicity:
CAMP INFORMATION For which camp or class are you in n	eed of a financial assistance?
What is the total cost of the camp or	class for which you are requesting aid? \$
need. In order to ensure opportunities	y requests for financial assistance each session. Aid is awarded based on es for as many students as possible, we ask participating families to of \$25. If this represents a hardship, you are welcome to request a waiver on the bottom and back of this page.
What is the total amount of financial a	assistance you are applying for? \$
•	louse Theatre programs will be a good fit for your child, please provide the nows your child well. (teacher, principal, outside instructor, etc.)
Reference Name:	How does this person know your child:
Phone Number:	Email address (required):
	ate why you are applying for financial aid, and what you hope your child at Market House Theatre. If you need more space, please attach
(continue on the back)	

Statement of Need continued from front)
Applicants must submit a complete application 2 weeks before the start of camp or classes date. Market House Theatre reserves the right to extend full, partial or no financial aid to any applicant after review of the application. Students who are awarded full or partial financial aid are expected to arrive on time for camps or classes, attend all class sessions, and complete all assigned work. EQUAL OPPORTUNITY & CONFIDENTIALITY Market House Theatre Education & Community Programs are committed to administering financial aid in a manner which prevents discrimination on the basis of race, gender or disability. Financial aid is allocated based on the need of all applicants and current enrollment and availability of our programs. Market House Theatre provides confidentiality of information to all applicants. VERIFICATION understand that if awarded partial financial aid that I will be held liable for any remaining balance due. I have ead the above statements and represent the information supplied herein is true and complete to the best of my knowledge.
Printed Name
Signature Date
All Financial Aid forms are due at least 2 weeks prior to the start of any camps or classes.

Return forms: Bring the forms to the box office. Scan/email the form back to Michael Cochran Executive Director at m.cochran@mhtplay.com or Fax the forms to 270-575-9321. Please call 270-444-6828 with any

<u>Award Notification:</u> All applicants will be notified via email 1 week before the first class or camp period.