



Approved Amount: \$ _____ Scholarship Denied <input type="checkbox"/> Scholarship Chairman Initials _____

CHILDREN’S THEATRE OF ELGIN SCHOLARSHIP APPLICATION

This form is to be used by the parents of students or students 18+ who are eligible to audition

CTE provides a limited number of scholarships for students with genuine financial need who could not otherwise participate in the program. Families and students are expected to contribute as much as possible.

INSTRUCTIONS: Please complete the following forms **completely & accurately, sign, and seal in an envelope along with required proof of income documents.** Write “To CTE Scholarship Committee” on the front. Deliver the completed application or send to our office at: **Children’s Theatre of Elgin, 1700 Spartan Drive H104, Elgin, IL 60123.** Scholarship decisions are made based upon available funds and financial need and are made by officers not involved with the casting of the show.

Applications will only be considered only up to the close of auditions. Additional information or records may be requested and all information will be kept confidential. If you have questions, call Susan at 847-214-7152.

Incomplete or unsigned applications will be returned.

Program for which funds are being sought: _____

STUDENT INFORMATION

Name of Student: _____ Soc. Security # (last 4 digits only): _____

Student’s Age: _____ Grade in School: _____ Name of School : _____

Address of Student: _____ City _____ Zip _____

PARENT INFORMATION: *(Please list both parents unless deceased, even if separated or divorced)*

Father’s Name: _____ Occupation: _____

Mother’s Name: _____ Occupation: _____

Number of dependent children of the parent(s), counting the student for whom assistance is sought _____

Number of people living in household _____

CTE SCHOLARSHIP INFORMATION

If you received assistance from CTE/FVTC for a previous program, please indicate which program(s):

Please indicate below the amount that you can contribute for your student. It is anticipated that no full scholarships will be awarded.

Amount of fees due: \$ _____

Amount parents are able to pay: \$ _____

Amount student is able to pay: \$ _____

Scholarship Amount Requested: \$ _____

In the space below please explain your reasons for requesting a scholarship from CTE:

(Form is continued on next page)

CONFIDENTIAL

FINANCIAL INCOME

Gross monthly income of parents: \$_____. (Please provide some proof of this income amount such as last year's first page of your 1040 with the Social Security numbers crossed out.)

Stated amount is based on: last year's income expected income during next 3 months
(Include work earnings, welfare payments, child support, pension, retirement, Social Security, dividends, etc.)

Please indicate if you are receiving assistance from any public entity. (Check all those that apply and provide requested information.)

Public Aid Source: _____ AFDC Case # _____

Food Stamps Food Stamp # _____ Case # _____

Free School Lunch Reduced School Lunch

Other (Please list) _____

Indicate those who are currently unemployed: Father Mother Student

For those marked above, indicate any that are currently receiving unemployment benefits. _____

OTHER COMMITMENTS

Please indicate if any of the following apply:

Yes No This student attends a private school. If yes, list school: _____

Yes No This student has his/her own cell phone.

Yes No This student receives lessons or participates in other organizations or activities that require payment of fees. If so, please list them below. (Do not include mandatory school registration fees.)

ACTIVITY	AMOUNT PAID FOR ACTIVITY
_____	\$ _____
_____	\$ _____

VERIFICATION AND SIGNATURE

I/We, the undersigned, being the parent(s) or guardian(s) of the above-listed child do hereby certify that information provided is true and correct and that I/we are not able to financially contribute the amount requested above for my/our son or daughter to be able to participate in the program listed above. I/we will also provide, if requested, income information to verify this fact.

I/We will also provide substantial volunteer help above and beyond the norm for this production.

Signature of Father or Guardian

Date

Signature of Mother or Guardian

Date

ADULT CONTACT INFORMATION FOR SCHOLARSHIP RESULTS:

Phone No.: _____ Father Mother Guardian Student

Email for Adult Contact: _____