



dramaworks

Financial Aid Application

The dramaworks' spring program is \$175 per student and the fall program costs \$150.

We are a nonprofit organization and work hard to raise money to ensure all students who wish to participate in drama can do so.

Requirements for Financial Aid Recipients

All students who receive financial aid are required to attend all rehearsals and performances with the exception of two sick days.

Parent of financial aid recipient are strongly encouraged to volunteer throughout the semester. Please discuss your volunteer options with your student's teacher—there are so many ways to help!

- \$100: minimum of 4 hours
- \$150: minimum of 6 hours
- \$175: minimum of 8 hours

Please fill out the following application completely if you would like to apply for financial aid for your child for either the SWEET Program or the Magic Beanstalk Player Program.

Student Name: (First + Last)



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What level aid would you like to apply for?

- \$100 - partial scholarship
- \$150 - fall full scholarship
- \$175 - spring full scholarship

How many people reside in your household? _____

What is your GROSS annual household income? _____

Are you a single parent household?

- Yes - Single Mom
- Yes - Single Dad
- No

Is your child a foster child?

- Yes
- No

Select which benefits your household receives, if any.

- TANF
- SSI

If you receive SSI benefits, is this the only source of household income?

- Yes
- No

Does your family have any special circumstances/needs?



Why do you feel your child would benefit from dramaworks financial aid?

Please read and affirm the following:

I certify that my gross annual income is as above and that all statements above are true and correct. I understand and agree to uphold the requirements of receiving financial aid for my child. I agree to use electronic signing to sign this document, and I understand that by typing my name in the box marked 'signature' that I will be bound the same as if I had signed a paper copy with my full legal signature.

Signature: _____

Parent/Legal Guardian Name: (First + Last)
