



**City Lights Youth Theatre**  
 630 9<sup>th</sup> ave, Suite 1411  
 New York, NY 10036  
 (212) 262-0200 fax: (212) 262-1888  
 www.citylightsnyc.org

**Spring 2010  
 Financial Aid Application**

City Lights seeks to enroll all students wishing to participate regardless of ability to pay. Partial and full scholarship awards are based on financial need and the number of applications received. Due to a limited amount of funds, it is possible that not all applicants will be awarded the full amount of aid requested. If you do not qualify for full aid, you may qualify for partial aid.

**Please read the following policies and procedures:**

- **A non-refundable \$25.00 scholarship registration fee per child per class** must be submitted in order to hold your child’s place while your application is under review. Your application will not be processed until we receive this payment.
- **Classes held at Claremont Children’s School are NOT eligible for financial aid.**
- **Only complete applications will be processed.** You must complete all sections of the application, include proper financial documentation, and remit the \$25.00 scholarship registration fee.
- **Students must re-apply for financial aid each semester.** Assistance is awarded on a per-semester basis. Because financial situations change, we ask that you do take the time to complete a new application each semester. We also reserve the right to consider students’ past attendance records and commitment to the program.
- **New applicants must arrange an interview.** Once a completed application has been received, the program coordinator will call to arrange an interview with both the child and a parent/guardian.

**COMPLETED APPLICATIONS INCLUDING PROPER FINANCIAL DOCUMENTATION MUST BE TURNED IN BY FRIDAY, January 23, 2010.**

**PART I: GENERAL/FAMILY INFORMATION**

Student’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex:  male  female      Age: \_\_\_\_\_      Grade in school: \_\_\_\_\_

Name of school: \_\_\_\_\_ District: \_\_\_\_\_

**If attending private school, is the student receiving financial aid?**  Yes       No

**If yes, please enter amount \$** \_\_\_\_\_

**Does the student receive a school MetroCard?**  Yes       No

**Is the student enrolled in the School Lunch Program?**  Yes, Free Meals       Yes, Reduced-Fee Meals       No

**PART I: GENERAL/FAMILY INFORMATION (continued)**

**Mother/Guardian's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

**Father/Guardian's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_

With whom does the child currently live? \_\_\_\_\_

Relationship to student: \_\_\_\_\_

How many other children live in the home? \_\_\_\_\_

Applicant's parents are:  Married     Divorced     Other

If other, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART II: FINANCIAL AID REQUEST**

Student wishes to be enrolled in the following class(es):

Class Title: \_\_\_\_\_ Tuition: \_\_\_\_\_

Class Title: \_\_\_\_\_ Tuition: \_\_\_\_\_

Please indicate your financial aid request(s):

I am applying for Partial Financial Aid. I am able to pay a total of \$\_\_\_\_\_ for the above class(es).

I am applying for Full Financial Aid.

**PART III: FINANCIAL INFORMATION**

**YOU MUST FILL IN ALL BLANKS IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.  
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

**A. CURRENT FINANCIAL INFORMATION**

What is your total household *MONTHLY* income? (before taxes, include all sources) \_\_\_\_\_

What is the total number of people living in your household? \_\_\_\_\_

What is your total monthly rent or mortgage payment? \_\_\_\_\_

Are you getting Food Stamps, TANF or FDPIR benefits for your child? If yes, list the case number.

Food Stamp case number: \_\_\_\_\_

FDPIR case number: \_\_\_\_\_

TANF case number: \_\_\_\_\_

**B. 2005 FINANCIAL INFORMATION**

**Fill out this section using the information from your 2007 tax filing form.**

**2007 INCOME**

Salaries & Wages–Primary Caretaker \$\_\_\_\_\_

Salaries & Wages–Secondary Caretaker \$\_\_\_\_\_

Dividend/Interest Income \$\_\_\_\_\_

Alimony Received \$\_\_\_\_\_

Other Taxable Income \$\_\_\_\_\_

**2007NON-TAXABLE INCOME**

Child Support \$\_\_\_\_\_

Social Security Benefits \$\_\_\_\_\_

Other Non-taxable Income \$\_\_\_\_\_

(Describe)\_\_\_\_\_ \$\_\_\_\_\_

**Are there any special circumstances we should be aware of? \_\_\_\_\_**

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**(Over, please)**

**PLEASE ATTACH A COPY OF *ONE* OF THE FOLLOWING HERE:**

- 1.) 2008 TAX FILING FORM**
- 2.) 2008 W-2 FORM**
- 3.) OFFICIAL DOCUMENTATION OF PUBLIC ASSISTANCE**

**YOUR APPLICATION WILL NOT BE PROCESSED UNTIL WE RECEIVE THIS INFORMATION.**

**Feel free to attach any additional financial documentation, such as recent pay stubs. You may also use this space to write why you feel that it is important for your child to receive financial aid.**

**My signature verifies that the information provided on this application is true.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please return form to:**

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**If you have not yet paid the \$25 per child per class scholarship registration fee, you must include check or money order with this form. Your application will not be processed until we receive payment and proper financial documentation.**