



City Lights Youth Theatre
630 9th ave, Suite 1411
New York, NY 10036
(212) 262-0200 fax: (212) 262-1888
www.clyouththeatre.org

Fall 2007 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.
- **Students enrolling in classes held at Claremont Children's School or The 92nd Street Y 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 MONDAY, September 10, 2007.

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.

I am applying for Transportation 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 2005 tax filing form.

2005 INCOME

Salaries & Wages–Primary Caretaker \$_____

Salaries & Wages–Secondary Caretaker \$_____

Dividend/Interest Income \$_____

Alimony Received \$_____

Other Taxable Income \$_____

2005 NON-TAXABLE INCOME

Child Support \$_____

Social Security Benefits \$_____

Other Non-taxable Income \$_____

(Describe)_____ \$_____

Are there any special circumstances we should be aware of? _____

(Over, please)

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

- 1.) 2005 TAX FILING FORM**
- 2.) 2005 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:

**City Lights Youth Theatre
300 West 43rd Street, Suite 401
New York, NY 10036
(212) 262-0200 fax: (212) 262-1888
www.clyouththeatre.org**

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.