



**City Lights Youth Theatre**  
630 Ninth Avenue, Suite 1411  
New York, NY 10036  
(212) 262-0200 fax: (212) 262-1888  
www.citylightsnyc.org

# *The Origins Project 2009*

## *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:**

- **The non-refundable \$25.00 Origins application fee** must be submitted in order to hold your child's place while your financial aid application is under review. Your application will not be processed until we receive this payment. Please make your check or money order payable to City Lights Youth Theatre.
- **Only complete applications will be processed.** You must complete all sections of the financial aid application form, include proper financial documentation, and remit the \$25 Origins application fee.

**PLEASE SUBMIT YOUR COMPLETED FINANCIAL AID APPLICATION BY  
MAY 28, 2009 ALONG WITH YOUR STUDENT'S ORIGINS APPLICATION.**

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### **PART I: GENERAL/FAMILY INFORMATION**

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

Sex:  male  female Age: \_\_\_\_\_ Grade student will be entering in the Fall of 2007: \_\_\_\_\_

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

Ethnic Background (optional):  African-American  Asian/Pacific Islander  Caucasian  Latino

Other \_\_\_\_\_

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

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

**Does the student receive a school MetroPass?**  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**

Please indicate your financial aid request:

I am applying for Partial Financial Aid. I am able to pay a total of \$\_\_\_\_\_ towards the session fee.

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. 2007 FINANCIAL INFORMATION** – Please fill out this section using the information from your 2006 tax filing form.

**2007 INCOME**

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

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

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

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

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

**2007 NON-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.) 2007 TAX FILING FORM**
- 2.) 2007 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. Also you may 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: \_\_\_\_\_**

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**Please return form to:**

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(212) 262-0200 fax: (212) 262-1888**

**If you have not yet paid the \$25 Origins application 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.**