

YOUNG PEOPLE'S THEATRE  
FINANCIAL AID APPLICATION



Class(es) Applied For: _____ _____
Amount Applied For: _____

Eligibility is based on financial need and available funds. In order to be considered for financial assistance, this application must be completed in its entirety and returned to the Bay Street Players Education Department at least **two weeks prior to the start of classes**. Financial aid awards are announced the week before class begins. All information on this form will be kept **strictly confidential**

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Legal Guardian:  
\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Please tell us why you want to take this class (*In student's own words*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Continue on separate sheet if needed)

\_\_\_\_ Student is part of the **Free Lunch** program at \_\_\_\_\_ (school)

\_\_\_\_ Student is part of the **Reduced Lunch** program at \_\_\_\_\_ (school)

\_\_\_\_ Student is not in school or home schooled. **OR** \_\_\_\_ Student does not receive lunch assistance.

Total income from all sources to support household over the past 12 months: \$ \_\_\_\_\_

Number of people in the household: \_\_\_\_ Adult \_\_\_\_ Children

I verify that the information I have given is accurate and correct to the best of my knowledge. I agree to pay the balance of the class tuition after any financial aid is awarded. I understand that any payment schedule must be approved before the first day of class. I also understand that students are expected to attend each class session and that I am responsible for the student's transportation to and from BSP.

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