

ALL INFORMATION IS CONFIDENTIAL

Parent or Guardian First and Last Name _____

Home Address _____

Date of Birth _____

City _____

Zip _____

Home Phone _____

Email _____

Cell Phone _____

Employer _____

Work Phone _____

Employer's Address _____

City _____

Zip _____

\$ _____

Total Annual Income (Before Taxes)

Number of Dependents _____

Unusual Expenses (Medical, etc.) _____

Parent or Guardian First and Last Name _____

Home Address _____

Date of Birth _____

City _____

Zip _____

Home Phone _____

Email _____

Cell Phone _____

Employer _____

Work Phone _____

Employer's Address _____

City _____

Zip _____

\$ _____

Total Annual Income (Before Taxes)

Number of Dependents _____

Unusual Expenses (Medical, etc.) _____

Desired class or programs _____

Total cost of class/programs _____

\$ _____

Amount of aid requested _____

\$ _____

Amount of family contribution _____

\$ _____

I attest all information is accurate to the best of my knowledge. In addition to the above information, I have also attached a copy of Page 1 of my Federal Income Tax Return.

Parent/Guardian's Signature _____

Date _____

Submission of an application does not guarantee aid will be granted.
If you have any questions, please call the Summer Academy Supervisor at 732-258-7561

Please return to: Summer Theatre Academy Scholarship · Education Department · George Street Playhouse
· PO Box 194 · New Brunswick, NJ 08903