



# Theatre School

## Financial Aid Application

Lexington Children's Theatre Financial Aid program is based solely on need. Due to the great demand and limited resources, it is important that you provide us with your complete financial picture for full consideration. *Financial Aid constitutes a maximum of 50% of class tuition.* Form is due two weeks prior to the first day of class. Please return to LCT's Education Department at 418 West Short Street or you may fax it at 254-9512. If you have questions, please call 254-4546.

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Total Household Income:**

(Fill in one column per applicable income type.)

	Weekly	Monthly	Annually	Other
Wages/Tips/Commissions	_____	_____	_____	_____
Grants/Scholarships	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Names & Ages of All Household Members:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Classes Previously Attended by Household Members:**

Student's Name	Class name	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____