



Theatre School

Financial Aid Application

The Financial Aid Program at Lexington Children's Theatre is based solely on need. To consider your application, it is important that you provide us with a complete financial picture of your household. *Financial Aid is awarded in amounts of 15%, 25%, or 50% of the class tuition.* The form is due two weeks prior to the first day of class, but does not guarantee a placement in the class unless you submit 50% of the class tuition with the application. If the award amount is less than the 50% maximum, LCT will contact you regarding the difference.

Please, return all applications to LCT's Education Department at 418 West Short St., Lexington, KY 40507. Or you may fax them to (859) 254-9512.

CLASS NAME: _____ TUITION: _____

START DATE OF CLASS: _____ SCHOOL STUDENT ATTENDS: _____

STUDENT'S NAME: _____ AGE: _____

PARENT/GUARDIAN: _____ RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

Total Household Income:

	WEEKLY	MONTHLY	ANNUALLY	OTHER
Wages/Tips/Commission	_____	_____	_____	_____
Child Support	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
Maintenance	_____	_____	_____	_____
Grants/Scholarships	_____	_____	_____	_____
Other	_____	_____	_____	_____

Names and Ages of all Household Members:

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

Classes Previously Attended at LCT by Household Members:

STUDENT'S NAME

CLASS NAME

DATE

1. _____
2. _____
3. _____
4. _____

Did you receive financial aid for any of these previous classes?

YES

NO

Please, explain any special circumstances or expenses you currently have (medical bills, family members in college, legal proceedings, etc.) that would interfere with payment:

Would you be willing to work a few hours at the theatre in exchange for financial aid?

If so, do you have special skills that could be used at LCT?

What hours would you be available?

I confirm that the above information is truthful and accurate to the best of my knowledge.

Signature: _____

Date: _____

FOR OFFICE USE ONLY—Please, do not write in this box.			
APPLICATION RECEIVED	PAYMENT RECEIVED		
_____	_____		
SENT TO COMMITTEE	APPROVED	YES	NO

AMOUNT AWARDED	NOTIFIED	_____	
