



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.

Please, return all applications to LCT's Education Department at 418 West Short St., Lexington, KY 40507. Or you may email them to education@lctonstage.org.

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/Commissions	_____	_____	_____	_____
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:

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 _____