



68 Main Street • P.O. Box 1012 • Torrington, CT 06790 • 860-489-7180

## APPLICATION FOR FINANCIAL AID – 2022

This application is to be filled out by the parent or guardian of the student and should be returned via email to: [education@warnertheatre.org](mailto:education@warnertheatre.org) or via mail to: Warner Scholarship Committee, P.O. Box 1012, Torrington, CT 06790. ***This form, along with a copy of the parent or guardian's most recent tax return must be submitted at the time of registration.***

### Information About the Student

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

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender (circle one): M F N/B

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate/Work Phone: \_\_\_\_\_

Have you ever received financial assistance from the Warner Theatre? Yes No

If so, how much aid did you receive? \_\_\_\_\_

Total cost of program(s)? \_\_\_\_\_

**Warner Theatre Education - Application for Financial Aid**

(page 2)

**Financial Condition Documentation:**

**1. Please attach a copy of your most recent federal tax return.**

2. Please tell us in the space provided below about any special situations in your household which affect your ability to cover the cost of the Warner Theatre's Education Program for your child (attach separate sheet if necessary):

---

---

---

---

---

---

---

---

**Family Composition**

Please list below any dependents in your immediate family:

- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_

I certify that the information on this application and any documentation attached as a part of this application is true and complete to the best of my knowledge.

**Parent or Guardian Signature:**

**Date:**

---

---