



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

APPLICATION FOR FINANCIAL AID – SUMMER ARTS PROGRAM 2021

This application is to be filled out by the parent or guardian of the student and should be returned via email to: icarrington@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 by June 30, 2021.***

Information About the Student

Student's Full Name: _____

Birth Date: _____ Age: _____ Gender (circle one): M F N/A

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? _____

Which Summer Arts Program session(s) is the student interested in? (Check all that apply)

Session 1 Session 2 Session 3 Session 4 Session 5

Total cost of program(s)? _____

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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:
