



Center for Arts Education

68 Main Street • P.O. Box 1012 • Torrington, CT 06790 • 860-489-7180 x148

## 2018 APPLICATION FOR FINANCIAL AID

This application is to be filled out by the parent or guardian of the student, and should be returned to the Warner Theatre Center for Arts Education School Reception Office, or mailed to the WTCAE Scholarship Committee, P.O. Box 1012, Torrington, CT 06790, or scanned and emailed to: [icarrington@warnertheatre.org](mailto:icarrington@warnertheatre.org). ***This form, along with a complete copy of the parent or guardian's most recent tax return and a personal letter of recommendation on behalf of the student, must be submitted by July 6, 2018.***

### Information About the Student

Name: \_\_\_\_\_

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

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

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

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

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

Parent/Guardian Alternate/Work Phone: \_\_\_\_\_

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

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

Which program(s) will the student pursue during this upcoming semester?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When does this program meet, and for how long? \_\_\_\_\_

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

**Financial Condition Documentation:**

1. Please attach a copy of the previous year's 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:

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**WTCAE Application for Financial Aid**

**Family Composition**

Please list below any dependents in your immediate family:

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

Please provide one (1) letter of reference for your child from someone other than a family member who knows the child and who can recommend him or her for the Arts Education program.

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:**

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