

Christian Youth Theater

Financial Aid Application for Tuition

All information will be held in the utmost confidence. Please fill out form completely and return to the CYT Business Office no later than one week before classes begin. After the application process, payment may be required.

SECTION A: TO BE FILLED OUT BY PARENT

Student's Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Parent Work Phone () _____
Student's Age: _____ Grade: _____ School: _____
Both Parents' Names: _____
Reason for applying for CYT financial aid: _____

Please let us know how many people are in your household: _____
Please let us know your total current annual income (gross): _____
What other extra curricular activities does your child participate in? _____

Please send a copy of the following form(s) of income verification
(Required for consideration):

- Copy of front page of current tax form & accompanying W2
and if applicable
- Copy of schedule C form (self employed)

___ **Yes, I have CYT Bucks** (*must be used toward tuition if applying*) . **Amount:** _____

SECTION B: TO BE FILLED OUT BY STUDENT

Why would you like to attend CYT? _____

What are your special areas of interest in the arts? _____

If you scholarship request is accepted, you will be asked to send a thank you note to your sponsoring donor, thank you note provided by CYT.

****Please note for multiple session consideration CYT requires scholarship recipients to sell at least 30 tickets to shows if cast and letter writing fundraising participation is required.***

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