



# 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. As a non-profit organization, we rely on gifts of time. Please consider volunteering at CYT by indicating your availability:

I can work in the main office    I can work in my county    I can work from home

### **SECTION A: TO BE FILLED OUT BY PARENT**

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

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 annual income (gross): \_\_\_\_\_

What other extra curricular activities does your child participate in? \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

***(Application cannot be processed without the requested form(s))***

Copy of \_\_\_\_\_ front page of current tax form & accompanying W2

Copy of \_\_\_\_\_ schedule C form (self employed)

Other: \_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE: (847)516-2298

FAX: (847)516-2218