



Pumpkin Theatre's School of Drama Financial Aid Form

New Application Renewal Application Date: _____

Step 1 - Household Information

Student Name: _____

Student Gender: _____ Student Age: _____ Student Grade Level: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Phone 2: _____

Applicant Email: _____

Applicant Employer: _____

Spouse Employer: _____

Step 2 - Application Information and Requested Documentation

A) What is the class or camp that your child is interested in?: _____

B) What is the maximum amount that you can pay for this program: _____

C) What is your current gross annual income?: _____

D) Did you or another household family member file federal taxes last year?: _____

If YES Please submit a copy of your most recent federal tax return 1040 form and a copy of ONE of the following supporting documents:

- Last 2 pay stubs, for all household members
- Social Security or disability award letters
- Retirement income documentation
- Unemployment income verification.

If NO please submit a copy of ALL of the following supporting documents that are applicable:

- Last 2 pay stubs, for all household members
- Unemployment income verification
- Retirement income documentation
- Temporary cash assistance
- Social Security or disability award letters
- If \$0 income, letter of how you meet your expenses.

E) Do you receive child support _____ If yes what is the monthly support \$ _____ (Submit supporting documents)

F) Describe any special circumstances or unusual expenses you must meet that should be used in determining assistance: _____

Step 2 - Please read and check off each statement and sign at the bottom you understand

___ I understand that Pumpkin Theatre is a nonprofit organization and the financial assistance is made possible through the generosity of donors and members.

___ I also understand that I must be in good standing with Pumpkin Theatre prior to this application being processed.

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___ I also understand the expiration or revocation of my subsidy, just not on medical leave, cancel my enrollment in a class and that I must provide Pumpkin Theatre a 30-day written notice to cancel my enrollment.

___ I understand that Pumpkin Theatre provides financial assistance to the extent that resources are available and that Pumpkin Theatre reserves the right to refuse assistance to any applicant.

___ I agree to notify Pumpkin Theatre if my financial situation improves so that my enrollment subsidy can be reevaluated providing more opportunities for others in need.

___ I certify that the information I provided on this form is complete and correct and I agree to provide additional documentation upon request to verify the need of financial assistance.

Signature of Applicant: _____ Date: _____

Submit completed application and all supporting documentation to Pumpkin Theatre of Baltimore at communicate@pumpkintheatre.org or fax it to us at 410.902.1954 or mail to us at: Pumpkin Theatre of Baltimore 2905 Walnut Avenue Owings Mills Maryland 21117