

ALABAMA SHAKESPEARE FESTIVAL 2024 FINANCIAL ASSISTANCE APPLICATION

Part 1: APPLICANT INFORMATION D.O.B (mm/dd/yy) Student Name Grade (rising) School currently attending **Part 2: PARENT INFORMATION** (if applicant(s) are under 18) Relationship **Primary Phone** Name (please print) Home Address City, State, Zip Cell Phone **Email Address** Part 3: FINANCIAL INFORMATION Select camp/class for which you are registering (check one): ○ Camp Shakespeare Jr. (grades K-3) Camp Shakespeare (grades 4-6) Camp Shakespeare Extreme (grades 7-12) o Broadway South: Musical Theatre Camp (grades 7-12) Behind the Curtain: Tech Camp (grades 8-12) Requested Scholarship Assistance (check one): Partial and/or half scholarship (up to 50% tuition waived) Full scholarship (100% tuition waived) Annual household income (check one): 75,000 to 99,999+ o 50,000 to 74,999 o 35,000 to 49,999 o 25,000 to 34,999 o 15,000 to 24,999 Under 15,000



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Part 4: STATEMENT OF FINANCIAL NEED:

Please use the space below to help us understand your factories that the space below to help us understand your factories that the space with	and thoughtful, as this is a major
 Additional Documentation that might support you Proof of State Subsidized funding (SNAP, Housing statement letter only. Proof of free or reduced school lunch for the stud 	Assistance, etc.) – Award or
Please note: Households who do not qualify for state sub not be precluded from award consideration. We encoura assistance to apply.*Please refrain from submitting sensi pay stubs, SS compensation, etc.)	bsidized funding or other benefits <u>will</u> ge all families who might need
Signature and Date: By signing below, you acknowledge that the information on this appears of your ability. *All communication concerning financial assist	•
Adult Applicant/Parent/Guardian Signature	Date
For Office use only:	
Approved by:	Date:
Award total: Per studer Applicant information and award status remains strictly confidenti	nt total: