

**PATRICIA HENLEY FOUNDATION**

2010 Youth Summer Theatre Program "Encounter"

**APPLICATION FOR SCHOLARSHIP OR REDUCED FEE ARRANGEMENT**

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

School Grade In Fall 2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Telephone (Day): \_\_\_\_\_

Telephone (Evening) \_\_\_\_\_

Student lives with (circle one):

Both Parents   Mother Only   Father Only   Other Guardian

Parent/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_

Number of children living in the household: \_\_\_\_\_

Ages of Children (please list): \_\_\_\_\_

Family's gross monthly income (from all sources): \_\_\_\_\_

Number of adults dependent on family income: \_\_\_\_\_

<b>ANNUAL HOUSEHOLD INCOME LEVEL:</b>	
<input type="checkbox"/> 0 to \$25,000	<input type="checkbox"/> \$55,001 to \$65,000
<input type="checkbox"/> \$25,001 to \$35,000	<input type="checkbox"/> \$65,001 to \$75,000
<input type="checkbox"/> \$35,001 to 45,000	<input type="checkbox"/> \$75,001 to \$85,000
<input type="checkbox"/> \$45,001 to \$55,000	<input type="checkbox"/> \$85,000 and above

INCOME SOURCES: (Circle ALL that apply):

Wages/Salaries   Social Security   Disability   Unemployment

Public Assistance   Child Support   Investments

Other (Please explain): \_\_\_\_\_

*Please include verification of income from all sources, for example: tax returns, pay stubs, proof of assistance received.*

Please indicate any special circumstances that relate to this request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TYPE OF FEE ASSISTANCE REQUESTED:

- Partial Scholarship/Fee Reduction
- Full Scholarship
- Fee Payment Installment Arrangements

PARENT/GUARDIAN NAME AND SIGNITURE

\_\_\_\_\_  
Parent's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature