



Financial Aid Request Form

Please complete this form and return it, along with a copy of your most recent tax return, to auditions@thetheaterbug.org for review.

STUDENT

Name

Age

Birthdate

PARENT/GUARDIAN

Name

Home Phone

Cell Phone

Work Phone

Email

Total annual household income as stated on your most recent tax return:

Total number of people in household:

Total number of students enrolling:

Which program(s) would you like to register for?

If you are not eligible for financial aid, would you like to set up a payment plan? Yes No

SIGNATURE

I confirm the above information is correct and current.

Parent/Guardian Signature

Date

FOR STAFF USE ONLY

Approved? Yes No

New Total Amount Due

Payment Plan Offered