



FINANCIAL AID APPLICATION

Summer Camp 2016

PERSONAL INFORMATION

Student Name: _____ Birth Date: _____

School: _____ Rising Grade Level: _____

Parent Name: _____ Relationship: _____

Address: _____ State/City/Zip: _____

Daytime Phone: _____ Evening Phone: _____ Email Address: _____

OPTIONAL QUESTIONS

What is your student's gender: _____

How would you describe your student's ethnicity: _____

CAMP INFORMATION

For which camp program are you in need of financial aid? _____

What is the total cost of the camp for which you are requesting aid? \$ _____

Lookingglass receives a high number of requests for financial aid each session. Aid is awarded based on need. In order to ensure opportunities for as many students as possible, we expect participating families to contribute the non-refundable deposit of \$100. If this represents a hardship, you are welcome to request a waiver of this fee in your statement of need below.

What is the total amount of financial aid you are applying for? \$ _____

FINANCIAL INFORMATION

Please list below your household income per individual. Please feel free to attach copies of your most recent tax return or any other financial information you feel would be helpful to us in making our decision.

1st Individual (Parent, Step-Parent, Guardian, etc.)

Name: _____ Total Income: \$ _____ Place(s) of Employment: _____

2nd Individual (Parent, Step-Parent, Guardian, etc.)

Name: _____ Total Income: \$ _____ Place(s) of Employment: _____

Total household income of the individuals listed above \$ _____

PERSONAL REFERENCE

In order to help ensure that Lookingglass' programs will be a good fit for your child, please provide the name of a non-family member who knows your child well. (teacher, principal, outside instructor, etc.)

Reference name: _____ How does this person know your child: _____

Phone number: _____ Email address (required): _____

STATEMENT OF NEED

Please use the space below to indicate why you are in need of financial aid, and what you hope your child will gain from participating in classes at Lookingglass. If you are in need of more space, please attach additional sheets.

TERMS & CONDITIONS

Financial aid applicants must submit a complete application before the deadline date. Lookingglass reserves the right to extend full, partial or no financial aid to any applicant after review of any application. Students who are awarded full or partial financial aid are expected to arrive on time for camp, attend all class sessions, and complete all assigned homework.

EQUAL OPPORTUNITY & CONFIDENTIALITY

Lookingglass' Education & Community Programs is committed to administering financial aid in a manner which prevents discrimination on the basis of race, gender or disability. Financial aid is allocated based on the financial need of all applicants and current enrollment and availability of our programs. Lookingglass provides confidentiality of financial information to all applicant and their household's financial aid records.

VERIFICATION

I understand that if awarded partial financial aid that I will be held liable for any remaining balance due. I have read the above statements and represent the information supplied herein is true and complete to the best of my knowledge.

Printed Name

Signature

Date

All Camp Financial Aid forms are due March 14, 2016.

Returning Forms: Scan/email the form back to Maria Maia, Education Assistant at mmaia@lookingglasstheatre.org.
Fax the forms to 773.477.6932. Please call 773.477.9257 x193 with any questions.

Award Notification: All applicants will be notified via email 3 weeks after the specified due date.