



One North Broadway, Suite 111 ♦ White Plains, NY 10601
phone: 914-946-4433 ♦ fax: 914-946-1336 ♦ www.playgroup.org

SCHOLARSHIP APPLICATION

Please complete both sides of this form and attach a full copy of your most recently filed IRS 1040 federal tax return. Please submit with your completed registration form and balance of tuition or \$25 registration deposit.

Send to: The Play Group Theatre – One North Broadway, Suite 111 - White Plains, NY 10601.

STUDENT'S NAME _____ BIRTHDATE ____/____/____
STREET _____
CITY _____ STATE _____ ZIP CODE _____
PHONE # _____ AGE _____ GRADE _____

MOTHER'S NAME _____ COMPANY _____
BUSINESS PHONE # _____ TITLE _____

FATHER'S NAME _____ COMPANY _____
BUSINESS PHONE # _____ TITLE _____

COURSE REQUESTED _____ DAY _____ TIME _____
INSTRUCTOR _____ # OF WEEKS _____ FEE \$ _____
SEASON _____ YEAR _____ FINANCIAL AID REQUESTED \$ _____

ANNUAL FAMILY INCOME \$ _____

This should include wages of all working persons, social security, pensions, child support, alimony, welfare and all other incomes.

ANNUAL FAMILY EXPENSES:	MEDICAL	\$ _____
	EDUCATION	\$ _____
	HOUSING	\$ _____
	ENRICHMENT ACTIVITIES	\$ _____
	Not including this course	

OTHER (please specify) _____
\$ _____
\$ _____
\$ _____

TOTAL NUMBER OF PEOPLE IN FAMILY_____

CHILDREN (NAMES)

SCHOOL

GRADE

BIRTHDATE

____/____/____

____/____/____

____/____/____

____/____/____

____/____/____

PLEASE LIST BELOW ANY PAST PGT PROGRAMS IN WHICH ONE OR MORE OF THE CHILDREN IN
YOUR FAMILY HAS PARTICIPATED:

MAINSTAGE SHOWS _____

CLASSES _____

OTHER _____

SPECIAL REQUESTS, CIRCUMSTANCES OR COMMENTS _____

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature_____ Date_____

-----FOR OFFICE USE ONLY-----

Approved Scholarship for \$_____

Approved by _____ Date _____

Notification given to family ____/____/____ by _____phone _____letter

Executive Director Approval _____