Auburn Public Theater
CLASS & CAMP SCHOLARSHIP APPLICATION FORM

Auburn Public Theater offers a limited number of partial & full scholarships to help cover tuition for families in need of financial assistance. In every case, the student applying should be excited to participate and the parent or guardian should be willing to pay as much as possible toward the tuition fee. To complete your application, families must provide the following:

- a completed scholarship application form
- a copy of your most recent tax return (no exceptions, no pay stubs, please)
- the amount you are able to pay
- a letter explaining your financial need and your child's interest in theater/film/music

After receiving applications, the APT Scholarship Committee will meet and will notify applicants as soon as possible afterwards regarding their decision.

IMPORTANT
Please return all application materials to:
Scholarship Committee
Auburn Public Theater
8 Exchange Street
PO Box 771
Auburn NY, 13021

Child’s Last Name:_______________  First:_______________  Middle:_______
Date of Birth:_______________  Age:_______  Grade:_____  Gender: M/F

Address:______________________  City:_______________  State:_______  Zip:_______

8 Exchange Street, Po Box 771  Auburn, NY 13021  (315) 253-6669
www.auburnpublictheater.org
Telephone: _________________________  Email: _______________________

Name of Parent Guardian(s):_________________________________________________

Name of Parent/Guardian Employer: ____________________________________

Number of people living in the household:

   Adults over 18:_______  Children:_______

   List ages of children________________________________________

How much can you afford to pay?

_________________________________________________(if left blank, your application will not be considered)

ANNUAL INCOME

Please check your household annual income.

$0 - $20,000 _______
$20,000 - $35,000 _______
$35,000 - $50,000 _______
over $50,000 _______

Please explain briefly why you are requesting subsidy and how the scholarship will benefit your child.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

References:

8 Exchange Street, Po Box 771   Auburn, NY 13021    (315) 253-6669
www.auburnpublictheater.org
1. Name_______________________ Address________________________________
   Phone______________________ Place of work __________________________
2. Name_______________________ Address________________________________
   Phone______________________ Place of work __________________________

I _______________________________ do hereby attest that the information given is correct to the best of my knowledge. I understand that all information will be kept confidential. I also understand that I will pay some portion of the tuition fee.

Date_________________Signature____________________________________________

FOR COMMITTEE USE ONLY

Date received: ________________

Total Fee $___________ Family Pays $_________ Approved ( ) Yes ( ) No