lokingglass

PERSONAL INFORMATION

FINANCIAL AID APPLICATION Summer Camp 2019

Student Name:	Birth Date:		
School:	Rising Grade Level:		
Parent Name:	Relationship:		
Address:	State/City/Zip:		
Daytime Phone:	Evening Phone:		
Email Address:			
How would you describe your student's ethnicity:			

CAMP INFORMATION

Please indicate which program and session(s) you are applying for. For Arts Quest and Summergglass, you may apply for up to three sessions per child. Please keep in mind that demand is high, and you may receive financial aid for fewer sessions.

Arts Quest (K-3 rd ; \$675 per session)	Summergglass (4 th -8 th ; \$675 per session)
Arts Quest I: Ocean Voyagers July 15 - 26	Summergglass I: Around the World in 80 Days June 17 - 28
Arts Quest II: Cosmic Explorers July 29 - Aug 9	Summergglass II: Peter Pan July 1 – 12* *No camp 7/4; Session II is prorated to \$607.50
Arts Quest III: Earth Defenders Aug 12 - 23	Summergglass III: Little Prince July 15 - 26
□ Summer Camp on the Lake: July 8 – Aug 2 (3 ^{rd_} 8 th ; \$875)	Summergglass IV: Alice in Wonderland July 29 - Aug 9
	Summergglass V: The Odyssey Aug 12 - 23

What is the total cost of the camp session(s) 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 on the next page.

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

FINANCIAL INFOMATION

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.

1 st Individual (Parent, Step-Parent, Guardian, etc.)				
Name:	Total Income: \$	Place(s) of Employment:		
2 nd 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

<u>All Camp Financial Aid forms</u> are due March 1, 2019. Based on high demand, we know we will not be able to award financial aid to all applicants; unfortunately we are unable to review applications submitted after the due date.

<u>Returning Forms</u>: Scan/email the form back to the Education Department at <u>education@lookingglasstheatre.org</u>. Please call 773.477.9257 x193 with any questions.

Award Notification: All applicants will be notified via email by April 1, 2019.