

**MAINSTAGE CENTER FOR THE ARTS
APPLICATION FOR FINANCIAL ASSISTANCE**

PROOF OF INCOME MUST ACCOMPANY THIS APPLICATION.
SEND COPIES OF ALL REQUESTED DOCUMENTS. DO NOT SEND ORIGINAL DOCUMENTS AS THEY WILL NOT BE RETURNED.

SECTION I – Personal Information

1. PARTICIPANT NAME		2. PROGRAM (example: Children's Theatre, Session #1; Apprentice Session #2; Dance Classes, etc)
_____ (Last)	_____ (First)	
_____ (MI)		
3. DATE OF APPLICATION	4. BIRTH DATE OF PARTICIPANT	
____/____/____ Month Day Year	____/____/____ Month Day Year	
5. STREET ADDRESS OF PARTICIPANT		6. PARENT TELEPHONE NUMBER
		(____) ____ - ____ - ____ ____ home ____ cell
7. CITY, STATE, ZIP CODE		8. FAMILY SIZE*
9. NAME OF PARENT OR GUARDIAN		10. E-mail address

* Family size includes parents and any minor children.

SECTION II – Income Criteria

Income is based on the calculation of twelve months/ one year of income prior to the date of the program. Proof of income must accompany this application.

12. SOURCES OF INCOME	Weekly	Monthly	Yearly
A. Salary / Wages Before Deductions _____	○	○	○
B. Public Assistance _____	○	○	○
C. Social Security Benefits _____	○	○	○
D. Unemployment & Workmen's Compensation _____	○	○	○
E. Veteran's Benefits _____	○	○	○
F. Alimony / Child Support _____	○	○	○
G. Pension Payments _____	○	○	○
H. Insurance or Annuity Payments _____	○	○	○
I. Dividends / Interest _____	○	○	○
J. Rental Income _____	○	○	○
K. Net Business income (self employed/ verified by independent source) _____	○	○	○
L. Other Income _____	○	○	○
N. Total _____	○	○	○

SECTION III – Certification By Applicant

I certify that the above information regarding my family size, income, and assets is true and correct.

Signature of Parent or Guardian _____

Date _____