

## FINANCIAL AID INFORMATION SHEET

San Juan Community Theatre is pleased to be able to offer financial aid in the form of scholarships and payment plans. We are committed to making participation in performing arts available to as many students as possible.

All families with multiple students in the same class will receive an automatic 10% discount per student.

We base financial aid on guidelines established by the HUD Income Guidelines for San Juan County. **Please apply if finances would prevent your student from participating, regardless of your income.**

Payment Plans may be taken advantage of by anyone, regardless of financial need. This option is available to families who prefer to split their balance into two or three installments. No application is required; if you would like to arrange a payment plan, please email or call Nathan Kessler-Jeffrey at [nathan@sjctheatre.org](mailto:nathan@sjctheatre.org) or 360-378-3211 x1029.

**TO APPLY FOR FINANCIAL AID:**

- **To guarantee consideration, complete applications must be received in our office no later than one month before class begins.**
- Complete the enclosed application form. Please print clearly and be sure to sign your application.
- Include your income verification (a tax return, pay stub, etc.)
- Mail to: San Juan Community Theatre\* Attn: Penelope Haskew\* PO Box 1063 \* Friday Harbor WA 98250 or  
Email to: [penelope@sjctheatre.org](mailto:penelope@sjctheatre.org)

**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Class:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**How much are you able to pay toward the class cost? (Required):** \_\_\_\_\_

**Address for all Correspondence:** \_\_\_\_\_

**Name of Parent/Guardian #1** at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Monthly Earnings (BEFORE taxes): \$ \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name of Parent/Guardian #2** at this address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Monthly Earnings (BEFORE taxes): \$ \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional monthly household income (include ALL sources: alimony or support from non-custodial parent, Veterans or Social Security benefits, unemployment or workers' compensation, federal or state aid, etc.): \$ \_\_\_\_\_

Total number of people living in the student applicant's household supported by the above income: \_\_\_\_\_

*You must attach at least one financial document (tax return, most recent pay stubs, etc.) in support of your request. You may also list any extenuating circumstances regarding your financial situation on a separate page.*

My signature verifies the above statements to be true and valid to the best of my knowledge.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_