

Village Productions/Tri-PAC
2009-10 Financial Aid Application
Please mail completed Application and Registration Form to
Village Productions, P.O. Box 1325, Pottstown, PA 19464

Continuing Village Productions Student

New Village Productions Student

Name: _____ Phone: _____

Address (including zip): _____

Email: _____ Alt. Phone: _____

Ethnicity (optional, but helps us know our student population): _____

If Under 18: Birthdate (include year): _____ Current Age: _____ Current Grade: _____

Parent/Guardian (if under 18): _____ Phone: _____

Email (if different from above): _____ Alt. Phone: _____

CLASS SELECTION – Please list the classes for which you are seeking financial aid.

Class 1: _____

Class Fee: \$ _____ Materials Fee: \$ _____ Day/Time of Class: _____

Class 2: _____

Class Fee: \$ _____ Materials Fee: \$ _____ Day/Time of Class: _____

COST SHARING

Village Productions has a limited amount of financial aid available to help offset the cost of classes for needy students who are age 18 and younger. Although we hope to have more scholarships available in future years, currently we cannot meet the number of requests we receive each year and cannot cover the full cost of a class. With this in mind, please indicate the maximum dollar amount of tuition you can afford to pay in order for your child to attend the class(es) listed above. \$ _____

EVIDENCE OF NEED

Does the student qualify for the free or reduced lunch program at their school? YES NO

Please provide a general explanation of your financial hardship. All information will remain confidential.

May we contact you with additional questions? _____ YES _____ NO

Student Signature (if at least age 18) _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____