

THE SCRANTON CULTURAL CENTER AT THE MASONIC TEMPLE'S YOUTH THEATRE PROGRAM

Need-Based Scholarship Application

Date rec'd _____

Participant Name: _____ Age: _____

School: _____ Grade: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____

Email Address: _____

Note: Notice of approval is sent via email (if available). Please check here if you prefer to be notified by phone. _____

The SCC requires ALL scholarship applicants to submit their most recent Federal 1040 tax form for approval. If you did not file taxes this year, or if your current income is lower than stated on the 1040, you may substantiate your income via documentation provided by a state or federal agency. **The following forms are acceptable for verification.**

Please check the form(s) used:

_____ Most recent Federal 1040 income tax return (first 2 pages); *Required if you did file taxes.*

_____ Proof of disability pay (SSI)

_____ Proof of Social Security benefits (SSA Benefit Statement or SSA – 1099)

UNACCEPTABLE for verification: W-2 forms, paycheck stubs, bank statements, Access medical card, WIC Card, food stamps award letter.

For questions, contact the SCC Business Office at (570) 346-7369 x101.

PROGRAM	DATE	FEE	WHAT YOU CAN PAY

Note: Please list programs in the order in which your student would MOST like to attend. Scholarship is not guaranteed for all programs listed.

Please use the back of this form or attach a separate sheet to state your need for financial assistance. We also ask that you indicate why this program is important to you and/or your family.

Please provide parent/guardian information:

Adult #1 Name: _____

Employer: _____

Adult #2 Name: _____

Employer: _____

Number of children in household: _____

Number of adults in household: _____

TOTAL YEARLY GROSS FAMILY INCOME (include child support if applicable). Please check one.

_____ 0 to \$21,256 _____ \$21,257 to \$28, 693

_____ \$28,694 to \$36,130 _____ \$36,131 to \$43, 567

_____ \$43,568 to \$51,004 _____ \$51,005 to \$58,441

All information is REQUIRED. Incomplete applications will be returned unaccepted. One form per student, please. The Scranton Cultural Center has its own blind review needs-based scholarship process. Tuition subsidy is provided by our non-profit organization through generous community and corporate donations.

APPLICATION PROCESS

1. Submit this form at the time of registration. A spot will be reserved for you in class during the scholarship application process. The SCC Requires separate forms to be filled out for summer programs.

2. Submit documentation to substantiate your household income level. This information is necessary to help determine the degree of need for each applicant. Documentation must be shown once per year. Scholarships will be denied without proper documentation. We value your privacy and make every effort to keep information confidential. Please remove social security numbers for all family members before submitting, especially if sending electronically.

3. Scholarship may be awarded in whole or in part. If your scholarship is approved in part, please pay tuition balance or make partial payment with scheduled payments as set forth by the SCC. The SCC may limit scholarships for multiple classes. Scholarships may be denied for those not meeting payment commitment, program requirements, and/or at least 80% attendance for any reason set forth by the staff of the SCC.

INITIAL TO VERIFY THAT YOU HAVE READ GUIDELINES _____

Parent/Guardian Signature _____

Date _____

FOR OFFICE USE ONLY

DATE APPROVED: _____	Regular Program Fee: \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SESSION DATE(S): _____	Less Scholarship: \$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Total Fee: \$ _____	\$ _____	\$ _____	\$ _____	\$ _____

DATE NOTIFIED: _____ VIA: Email _____ Phone _____ Mail _____
 ELIGIBILITY Type: _____ Effective Date: _____
 Returned _____ Shredded _____ | Date: _____ Initial: _____

ATTENDANCE: _____ Satisfactory _____ Flagged _____
 SCHOLARSHIP APPLIED: _____ Summer _____ Fall _____ Winter _____ Spring _____
 DIRECTOR SIGNATURE: _____ DATE: _____