



# Christian Youth Theater

## Financial Aid Application for Tuition

All information will be held in the utmost confidence. Please fill out form **completely** and return to the CYT Business Office **no later than one week before classes begin**. After the application process, payment may be required. As a non-profit organization, we rely on gifts of time. Please consider volunteering at CYT. Call (913)681-3318 for details. Thank you.

### Section A: TO BE FILLED OUT BY PARENT

Students Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone( ) \_\_\_\_\_ Parent Work Phone: ( ) \_\_\_\_\_

Student's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Both Parents Names: \_\_\_\_\_

Reason for applying for CYT financial aid: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please let us know how many people are in your household: \_\_\_\_\_

Please let us know your total annual income (gross): \_\_\_\_\_

What other extra curricular activities does your child participate in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please send a copy of the following form(s) of income verification:

(Application cannot be processed without the requested form(s))

Copy of \_\_\_\_\_ front page of current tax form & accompanying W2

Copy of \_\_\_\_\_ schedule C form (self employed)

Other: \_\_\_\_\_

### Section B: TO BE FILLED OUT BY THE STUDENT

Why would you like to attend CYT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your special areas of Interest in the arts? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Qualification Scale

Number in Household	Gross Annual Household Income
1 - 2	less than \$20,472
3	less than \$25,680
4	less than \$30,816
5	less than \$36,979
6	less than \$44,375