



**OCALA CIVIC THEATRE
FINANCIAL AID
APPLICATION**

Class(es) Applied for: _____

Amount Applied For: _____

Eligibility is based on financial need and available funds. In order to be considered for financial assistance, this application must be completed in its entirety and returned to the Ocala Civic Theatre Education Department at least **one week prior to the start of classes**. You will only be contacted in the event the scholarship request is denied. Otherwise, you may assume the request has been granted. All information on this form will be kept **strictly confidential**.

Student's Name: _____ Date of Birth: _____

Parent/Legal Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Please tell us why you want to take this class (*In student's own words*): _____

(Continue on separate sheet if needed)

____ Student is part of the **Free Lunch** program at _____ (school)

____ Student is part of the **Reduced Lunch** program at _____ (school)

____ Student is not in school or attend home school. **OR** ____ Student does not receive lunch assistance.

Total income from all sources to support household over the past 12 months: \$ _____

Number of people in the household: _____ Adults _____ Children

I verify that the information I have given is accurate and correct to the best of my knowledge. I agree to pay the balance of the class tuition after any financial aid is awarded. I understand that any payment schedule must be approved before the first day of class. I also understand that students are expected to attend each class session and that I am responsible for the student's transportation to and from OCT.

Parent/Guardian Signature: _____ Date: _____