



**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 **two weeks prior to the start of classes**. Financial aid awards are announced the week before class begins. All information on this form will be kept **strictly confidential**.

Students Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

E-mail Address: _____

Parent/Legal Guardian: _____

Day Phone: _____ Evening Phone: _____

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 home schooled . **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: _____