



Winter 2024 Racine Children's Theatre Classes Financial Aid Application

The Racine Theatre Guild and Racine Children's Theatre are committed to making our theatre classes available to all youth, regardless of financial circumstances, as a needs-based scholarship.

The deadline to apply for financial aid is 10 days prior to the start of each class.

Please complete one form on both sides for each student. Incomplete applications will not be processed. Applications are due for each student for each new session regardless of prior financial assistance. The earlier you turn in your application, the better chance you have of getting into your requested class. Students are eligible for one scholarship per semester. While applications will be accepted regardless of financial circumstance, completing a form does not guarantee a scholarship award.

Submit your application to:

Racine Theatre Guild, ATTN: Teri Karpinski, 2519 Northwestern Ave., Racine, WI 53404
or drop off at Box Office, Monday - Friday, 12 p.m - 6 p.m. The box office has print copies as well.

FINANCIAL AID APPLICATION

STUDENT/PARENT INFO

Student Name _____

Birthdate _____ Pronouns _____ Age _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Email _____ Home Phone _____

Work Phone _____ Cell Phone _____

Medical Needs/Allergies/Accommodations _____

Anything else the class instructor may need to know about your child? _____

By signing my initials, I give permission to the Racine Theatre Guild and their affiliates to use my child/guardian's image for publicity, advertising, social media, illustration, and web content purposes. _____

CLASS PREFERENCES

Please list your child's **TOP 2 CHOICES** in preferred order:

1st Choice _____

2nd Choice _____

Financial Aid is only available for one class per student

Monday,
February 5 – April 15, 2024
 Fairytales and Fables
 Ages 6 - 9

Wednesday,
February 7 – April 17, 2024
 Broadway Bound
 Ages 8 - 12

Saturday
February 10 – April 20, 2024
 Dramalymphics
 Ages 10 - 14



FINANCIAL INFO

Total household's annual gross income (include each adult's wages, child support, etc.) \$ _____

Monthly net income (after taxes) \$ _____

How many children in household? _____ Adults? _____

Please tell us why you are applying for financial aid: _____

PARENT/GUARDIAN READ, INITIAL, AND SIGN BELOW

I understand if my child receives financial aid, our family is making a commitment to the RTG class. My child is required to attend the class consistently, on time and participate positively. Please contact the box office if there has to be an absence or child will be late. Failure to comply may affect consideration for future financial aid.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Date Received _____ Initials _____

Date Reviewed _____ Initials _____