



Speranza Theatre Company Financial Assistance Form 2024

Which Camp/Class Session are You Registering For?

Student Name: _____ Age: _____

Guardian Name: _____

Email Address: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Source of Income

Are you currently employed?

Yes__No__

What is your current annual household income?

\$ _____

Are you eligible for the free lunch program?

Yes__No__

**Which of the following forms of income/benefits are
you receiving? (please check the
appropriate spaces):**

Temporary Assistance for Needy Families (TANF) _____
General Assistance _____
Supplemental Security Income (SSI) _____
Social Security Disability (SSD) _____
Social Security Benefits _____
Veteran Benefits _____
Unemployment Benefits _____
Other Retirement Benefits _____

Is there any additional information about your family's circumstances you would like us to know?

***Please attach proof of household income to this application in the form of two most recent pay stubs and/or most recent tax return.**

Please email completed form and documents to speranzatheatre@gmail.com

Scholarships are determined on a case by case basis and may range from a 20-60% tuition discount.

Guardian Signature: _____ Date: _____