



# SARATOGA CHILDREN'S THEATRE

Enriching. Educating. Inspiring.

Thank you for your interest in applying for tuition assistance for a Saratoga Children's Theatre Summer Camp.

SCT prides itself on offering local children the opportunity to be educated in theatre arts in a safe, fun and friendly environment.

In order to be considered for assistance (full or partial), applicants must first demonstrate a financial need for assistance with tuition.

This criterion can be met by providing the following:

- a direct referral from a local community service agency indicating your child's eligibility for free/reduced lunch in public school and/or eligibility to receive Social Services (including Medicaid, Food stamps and monthly income supplements).
- Scholarship amount requested to be applied to SCT Summer Camp Programming Only
- Amount the family is able to contribute to SCT Summer Camp Programming
- Title of program (camp) the scholarship will be applied to

All information provided on the application will be kept confidential.

Please complete the enclosed application and return to:

**Saratoga Children's Theatre**  
**PO Box 3487**  
**Saratoga Springs NY 12866**

If you have any questions or need assistance with the application, please feel free to give us a call at (518) 886-8800 or email [summercamp@saratogachildrenstheatre.org](mailto:summercamp@saratogachildrenstheatre.org)

We look forward to seeing you this summer!

-SCT Summer Camp Staff



# SARATOGA CHILDREN'S THEATRE

Enriching. Educating. Inspiring.

## STUDENT INFORMATION

New Student

Previously Registered

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Home

Phone \_\_\_\_\_ Email \_\_\_\_\_ Address

\_\_\_\_\_ State

\_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## FINANCIAL ELIGIBILITY - CONFIDENTIAL Referred by Agency

Agency name

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Phone #

\_\_\_\_\_

Is your child eligible for free/reduced lunch?  YES  NO

Are you or your child eligible for Social Services? (please circle all applicable)

Food Stamps      Medicaid      Monthly Income Supplement      Other: \_\_\_\_\_

Approximate total annual income in 2022 \$ \_\_\_\_\_ Our family is able to pay \$ \_\_\_\_\_

## CAMP INFORMATION

Title of program (camp) for scholarship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**FOR OFFICE USE ONLY** Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Date Notified \_\_\_\_\_

SCT Pays \$ \_\_\_\_\_ Applicant Pays \$ \_\_\_\_\_ Session Approved \_\_\_\_\_

Applicant:  Accepts  Declines

Authorized Signature \_\_\_\_\_