



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

We look forward to seeing you this summer!

-SCT Summer Camp Staff



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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 2020 \$ _____ 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 _____