



Berkeley Rep School of Theatre

Financial Aid Application Form • 2011-12

Berkeley Rep School of Theatre is pleased to be able to offer financial aid for its 2011-12 classes. Scholarships will be granted to students (under 18 years of age) attending classes who demonstrate a strong financial need. Financial aid will be disbursed on a sliding scale – eligible families generally receive scholarships covering between 30% - 100% of tuition.

Families applying for financial aid must submit a minimum \$25 deposit per student at the time of registration. This amount secures the student's place in the program while their financial aid application is under consideration. Once you accept the amount of financial aid awarded, all Berkeley Rep School of Theatre cancellation policies apply.

To apply for financial aid:

- Complete this application form. Please print clearly and be specific.
- Include your deposit of \$25 per student.
- **Attach a SIGNED copy of your 2010 Federal Income Tax Returns**
- Applications should be mailed to:
Berkeley Rep School of Theatre, 2025 Addison Street, Berkeley, CA 94704.

The financial aid application is not your registration. If you have not already registered, please be sure to include the registration form along with your financial aid application. For additional information, please call 510 647-2972.

Name of Student _____ Date of Birth (month/day/year) _____

Registered for (name of class) _____

Address for all correspondence _____

City _____ State _____ Zip _____

Name of Parent/Stepparent/Guardian 1 at this address _____

Daytime phone _____ Evening phone _____

Email address _____ Cell phone _____

Occupation _____ Employer _____

Monthly earnings (before taxes) \$ _____

Name of Parent/Stepparent/Guardian 1 at this address _____

Daytime phone _____ Evening phone _____

Email address _____ Cell phone _____

Occupation _____ Employer _____

Monthly earnings (before taxes) \$ _____

Additional monthly household income: \$ _____

(Include ALL sources – alimony/support from non-custodial parent, veteran/social security benefits, unemployment/workers' comp, federal/state aid, etc.)

Average monthly household expenses (e.g. rent, utilities, groceries etc.): \$ _____

Amount of aid requested **(REQUIRED)**: \$ _____

Please attach a SIGNED copy of your 2010 Federal Income Tax Return. It is not necessary to include schedules. You may list any extenuating circumstances regarding your financial situation on a separate page, but you are not required to.

My signature verifies the above statements to be true.

Parent/Guardian Signature _____ Date _____