

Scholarship Aid Form 2023-2024

PO Box 80892 Springfield, MA 01138 413-739-1983 www.dramastudio.org info@dramastudio.org

At the Drama Studio we are committed to making our program available to all. It is the Studio's loss if a talented student does not enroll due to financial concerns. Please read through the following scholarship categories and fill out <u>all</u> sections that could be part of your financial aid package. Please don't hesitate to call or email with questions or for help in filling out this form. We will consider adjustments if special circumstances apply.

Once you have filled out this form and have a form of income verification*, you can either scan them and email them to jane@dramastudio.org or mail them to the Studio at PO Box 80892, Springfield, MA 01138

Student Name:		Phone:		
Address:				Zip:
Parent 1/Guardian	Name:	Parent 2	Guardian Name:	
Occupation:		Occupation:		
Employer:		Employer:		
Address:		Address:		
Business phone:		Business phone:		
Name and address	of any parent not liv	ving at student's address	:	
Family Income Sch	olarships:			
provide other doc	umentation about	income and number of	prior to the first day of cl 40 showing their adjuste I. If you do not have a 10 dependents, i.e. Transition f you send copies of pay To pay periods.	onal Assistance
Annual family incor	me: \$	(adjusted income	from IRS 1040)	
Names of other dep	pendent children:			
The Studio has a ling	mited number of sch	nolarships available for st e level of support:	udents who cannot afford	the full tuition. The
Rates are as follow (Scholarships apply	<u>'s:</u> y to <u>no more than tw</u>	<u>ro courses</u> for each eligib	le student)	
Family Income	1 child	2 children	3 children	4 children
\$56-65,000	15%	20%	25%	30%
\$41-55,000	35%	40%	45%	50%
\$26-40,000	55%	60%	65%	70%
Under \$25,000	70%	75%	80%	85%
We must have	a completed regist	ration form and income	verification before we	can consider any
		scholarship aid	<u> </u>	
Date:				
Parent/Guardian Si	gnature: _		Required forms attached	d: