



APPLICATION FOR FINANCIAL ASSISTANCE
SUMMER SHAKESPEARE
CONSERVATORIES

For office Use Only:

Date ___/___/___

App. # _____

Application Deadline:

April 14

Announcement:

May 15

Please Check which Program you are applying for:

- Lamorinda 4 week: June 19-July 14
Lamorinda 2 week: July 17-July 28
Oakland 4 week: June 26- July 21
Oakland 2 week: July 24-Aug 4

PLEASE READ THE FOLLOWING REQUIREMENTS VERY CAREFULLY

Summer Financial aid packet Guidelines:

- 1. Applicants are evaluated without regard to race, religion, natural origin, sex, or physical ability.
2. Funding is limited and financial aid awards are not guaranteed to all applicants.
3. Incomplete applications will not be reviewed.
4. Financial aid will be awarded based on need.

GENERAL INFORMATION-STUDENT

STUDENT'S NAME (FIRST / LAST) DATE OF BIRTH GENDER

CURRENT GRADE CURRENT SCHOOL ATTENDING

GENERAL INFORMATION-GUARDIAN

NAME OF PARENT / GUARDIAN (FIRST / LAST) RELATION TO STUDENT

STREET ADDRESS APT# CITY STATE ZIP

PRIMARY PHONE ALT. PHONE

PRIMARY E-MAIL ALT. E-MAIL

FINANCIAL INFORMATION (TO BE FILLED OUT BY GUARDIAN)

NAME OF PRIMARY INCOME PROVIDER (IF DIFFERENT FROM ABOVE PARENT / GUARDIAN) RELATION TO STUDENT

MARK IF YOU ARE: CURRENTLY EMPLOYED SELF-EMPLOYED UNEMPLOYED

NAME OF EMPLOYER/COMPANY CITY STATE ZIP

WORK PHONE OCCUPATION NO. OF YEARS AT PRESENT JOB

Net Monthly income: \$ Estimated monthly expenses: \$ Net yearly income in 2015 \$

Household Size* How much do you feel you can contribute towards tuition? \$

Are you receiving federal or state assistance? YES NO If yes, what kind?

If you are not receiving assistance but still believe that you have financial hardships or extenuating circumstances (permanent or temporary) that qualify your child for a financial aid packet, please explain these hardships below or attach an additional page to the application:

By signing this application, I agree that the above information is correct and that I will pay the portion mutually agreed to for the Summer Shakespeare Conservatory if my student receives a partial financial aid packet.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PARENT / GUARDIAN (PRINT NAME) _____

MAIL, EMAIL, OR FAX COMPLETED APPLICATION TO:
Summer Conservatory Registration / California Shakespeare Theater
701 Heinz Avenue, Berkeley, CA 94710
Fax: 510.295.2402 Phone: 510.548.3422 Email: jsutphin@calshakes.org