

Student Financial Assistance Application (Summer Drama Camps)

Please fill out one form per student.

Name of Student	Age	Grade Com	pleted This May	
Address	City	State	Zip	
Parent/Guardian(s) living with				
Email	Phone	Phone		
Camp(s) Interested In Attending (check all the K1 K2 K3 K4 A 1. What is the yearly income of your how \$80,000 or above \$60,000 - \$79,999 \$40,000 - \$59,999	A1	lule) B1 🗖 B2 🕻	□ C1 □	
\$30,000 - \$39,999 \$20,000 - \$29,999 \$19,999 or below 2. How many are in your household?				
3. What school does the student attend?	Do you re	Do you receive reduced or free lunches?		
4. The expense for ACT's Summer Dracamp. Check below what amount you		o-week camp and	\$75 for a one-week	
One Week Camp \$68 (10% off) \$60 (20% off) \$53 (30% off) \$45 (40% off) \$38 (50% off) \$0 Leslie Musselman K-Level		wo Week Camp \$126 (10% of \$112 (20% of \$98 (30% of \$84 (40% of \$70 (50% of	off) ff) ff)	
Comments:				

Altoona Community Theatre can provide scholarship funds if needed to enable students to attend our camps. Please return this form to act@altoonacommunitytheatre.com or mail it to the ACT office at PO Box 908, Altoona, PA 16603. Financial assistance is granted on a first come, first served basis, and is not guaranteed. Families will be notified via email or phone within 30 days of submission. If you have any questions, please contact the ACT Administrative Offices at 814-943-4357.