



Traveling Players Ensemble Financial Aid Application

1. Camper Name: _____

Camp/Class/Workshop applying for at this time: _____

If more than one session, are you available for both: (circle one) Yes No NA

2. Applicant Information:

Full name of applicant _____ Relationship to camper _____

Address _____ Apt. ___ House ___ Own ___ Rent ___

Home telephone number _____ Email address _____

Marital Status _____ Occupation _____

Employer _____ Annual Income _____

What other support do you receive? Please provide details on alimony, child support, or other income in your household?

Does the camper receive free or reduced price lunch through the public schools: ___ Yes ___ No

3. Household: (list all members of the household, include extended family/friends)

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

Name _____ Relationship to camper _____

4. Describe any circumstances that affect your ability to pay for your child's camp or class at Traveling Players . Use additional pages if necessary.

