

**DALLAS CHILDREN’S THEATER
TUITION FINANCIAL AID APPLICATION for ACADEMY CLASSES**

Student’s Name: _____ Age: _____ Grade: _____

Parents’ Names: _____

Address: _____

Home Phone: _____

Cell Phone: (mom) _____ (dad) _____

Work Phone: (mom) _____ (dad) _____

Parents’ emails: _____

Mother’s Occupation: _____

Father’s Occupation: _____

Total number of children in household: _____

Family Ethnicity: _____
(*required by the City of Dallas)

I am applying for a (circle one) FULL SCHOLARSHIP or PARTIAL SCHOLARSHIP for my child.

Amount of tuition you can pay: _____

Please explain why you feel your child should receive financial aid from Dallas Children’s Theater:
(Use the back of this form or another paper if necessary)

By signing I attest that all information included on this form is true and factual.

Signature: _____ Date: _____

Please complete and return this form and one letter of recommendation from a teacher or community member to Dallas Children’s Theater – 5938 Skillman Street Dallas, TX 75231

If you have any questions, please contact Terry Feagin, Education Coordinator at 214-978-0110
terry.feagin@dct.org

**Dallas Children’s Theater does not discriminate on the basis of race, creed, color, sex, age, handicap or national origin.