**RALEIGH LITTLE THEATRE’S YOUTH EDUCATION PROGRAM**

**SCHOLARSHIP REQUEST FORM**

**Name of Student**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# And ages of occupants in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Raleigh Little Theatre receives scholarship money that may be earmarked for a certain ethnic or racial population. We need the following information to distribute these funds appropriately. You do not have to answer this question to receive scholarship assistance. Racial or ethnic identities of your child:

ASIAN BLACK HISPANIC MIXED RACE WHITE OTHER

**INCOME STATEMENT**:

Annual Household Income before deductions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*See listing below for income to report

Place(s) of Employment or Source(s) of Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPENSES**:

Report the following information based on a monthly basis:

Rent/Mortgage\_\_\_\_\_\_\_\_\_\_\_\_ Car Payment\_\_\_\_\_\_\_\_\_\_\_\_ Average Utilities\_\_\_\_\_\_\_\_\_\_\_\_ Day Care\_\_\_\_\_\_\_\_\_\_\_\_

Other expenses pertinent to this statement (alimony, child support, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assistance requested for the 2019-2020 school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(List name of class)

Assistance requested for the 2020 summer camps: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(List name of camp)

I certify that the information above is correct.

Signature of adult in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete and return to:

Kathleen Rudolph, Associate Education Director

Raleigh Little Theatre

301 Pogue St, Raleigh, NC 27607

**\*INCOME TO REPORT**

EARNINGS FROM WORK

Wages/salaries/tips

Strike benefits

Unemployment compensation

Net income from self-owned business or farm

WELFARE/ CHILD SUPPORT/ ALIMONY

Public assistance payments

Welfare payments

Alimony payments

Child support payments

PENSION/ RETIREMENT

Social Security

Pensions

Retirement income

Veterans payments

OTHER INCOME

Earnings from 2nd job

Disability benefits

Interests/Dividends

Income from investments

OTHER CONTRIBUTIONS

Royalties

Amenities

Rental income

Income from estates/trusts