

## FINANCIAL AID APPLICATION

NexGen Youth Theatre's mission is to foster the development of the next generation of performers on their journey from young creatives to young professionals. NexGen believes in a strong connection between learning from experienced educators and seasoned theatre professionals, and seeks to offer programming that is creative, professional, and in-depth for aspiring theatre artists. Performance art is expensive, especially in Manhattan, and we are very committed to making sure NexGen is accessible to everyone. To that end, NexGen makes need-based scholarships and financial aid available for all our programming, selecting those students who ilustrate a significant financial need.

Students under the age of 18: This application form should be completed by a parent/legal guardian.

Students 18 years or older: This application can be completed by the student. If the student is living with their parents/legal guardian and/or are financially dependent on them, please include their financial information on this form.

You must include a copy of one of the following: Most recent tax filing form (showing adjusted gross income) and/or official documentation of Public Assistance. Funders require accurate profiles of the students served through this program, so all applicable questions must be answered completely.

## **STUDENT'S INFORMATION**

Student's First Name:	me: Student's Last Name:				
Address:	City:		_ State:	Zip:	
Date of Birth:	Grade:		Gender:		
Phone:	Email:				
Which NexGen Programming are you	ı Applying For?				
Name of Class/Production:_			_ Start Date & Tim	e:	
Family Background: Asian/Pacific Islander Other	African American	Caucasian	Hispanic	Native American	
Name of Person Student Presently Li	ves With:		Relat	ionship:	
Student's School:	Grad	le:	School District:		
Does Student's School Charge Tuitio Yes No	n?				
If Yes, Total Tuition Cost:		Amount of Financia	ıl Aid:		
Does Student Presently Take Extract Yes No	urricular Classes?				
If Yes, Where? (please list all classes	attended in past 6 mor	nths)			
Type of Class	Class Cost		Amount of Fina	ncial Aid	



## PARENT / LEGAL GUARDIAN'S INFORMATION

Parent / Guardian Name:				
Address:	City:		State:	Zip:
Work Phone:		Home Phone:		
Occupation:		_ Employer:		
Parent / Guardian Name:				
Address:	City:	<u> </u>	State:	Zip:
Work Phone:		Home Phone:		
Occupation:		_ Employer:		
	FAMILY	INFORMATION		
Parental Status (Check all that apply)  Married Domestic Partners  Single Parent	Divorced	Parent Disabled	Parent	Deceased
How Many Children (Other Than the Applic	ant) Live In the	Home?		
How Many of Those Children's Sc	chools Charge T	Fuition?		
How Much Financial Aid Do They	Receive?			
	FINIANOIA	LINEODMATION		
		L INFORMATION		
Annual House Income (as reported on mos	•	r the last 12 Months)		
Annual Income of Parent Not in Household		uiii)		
Annual Child Support Received				
Annual Social Security/Disability Benefits				
Annual Unemployment Benefits:				
Social Security Benefits				
Dividend/Interest Income				
Alimony Received				
Net Profit/Loss from Business				
Other Income (describe):				
Other Assets (describe):				
TOTAL HOUSEHOLD INCOME				



## **EXPENSES** (For the last 12 months)

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Annual Rent/Mortgage Payment	
Annual Living Expenses (food, clothing, etc.)	
Annual Child-Care Expenses (describe)	
Annual Extra-Curricular Expenses (for all children living in household	)
Other Annual Expenses (describe)	
TOTAL ANNUAL EXPENSES	
NEXGEN BACKGE	ROUND
Have you previously applied for financial aid from NexGen? Yes No	
If so, when did you file your last application?	
What was the most recent amount that you paid for a class/production	n?
Please provie a brief description of your circumstances and reason for us to know:	or request, as well as anything else it would be helpful
I attest that all of the above information is complete and accurate to t background or financial information that has not directly been asked in cancelled registration, and child will no longer be enrolled in NexG prospective student.	about. I recognize that false claims of need may result
Signature Date	