



One North Broadway ♦ White Plains, NY 10601
phone: 914-946-4433 ♦ fax: 914-946-1336 ♦ www.playgroup.org

Dear Parent,

The Play Group Theatre provides financial assistance to families in need through the Barbara Whitman Scholarship Fund. The process is strictly confidential and we welcome all applicants.

Completed applications are due by:

- September 1, 2014 for the FALL SEASON
- January 28, 2015 for the SPRING SEASON
- April 1, 2015 for the SUMMER PROGRAM

We will make every effort to contact you regarding financial assistance within three weeks of receipt of your application.

I urge you to complete and submit all forms. Incomplete applications will be returned and will not be considered. Please read the information below in its entirety and use the checklist when submitting your application.

THE PLAY GROUP THEATRE'S FINANCIAL AID PROCESS

1. Complete and submit your Registration Form.
2. Complete the Scholarship Application. Be sure to complete **all portions** of the application. Incomplete applications will not be considered for aid.
3. Make a photocopy of your most recently filed tax return (IRS 1040) pages 1 and 2, and schedule C.
4. Mail (**do not email or fax**) the completed Scholarship Application and the tax documents to:
The Play Group Theatre
1 North Broadway, Suite 111
White Plains, NY 10601
Attn: Scholarship Committee
5. Once you are notified by The Play Group Theatre that you have been granted a scholarship, you must register your child within one week in order to secure your spot in the program and to maintain your scholarship for the season.

Please use the enclosed checklist to be sure that you are following all the necessary steps to allow us to process your application. If you have any questions, please do not hesitate to call us at 914-946-4433.

I look forward to seeing your child at The Play Group Theatre this year.

Sincerely,

Steven Abusch
Executive Director
The Play Group Theatre

The Play Group Theatre's Check List for Submitting Your Scholarship Application

- Complete and Submit a Registration Form. Check the box indicating your intention to submit a Scholarship Application.
- Complete the Scholarship Application in its entirety.
- Double check that you have written legibly and that you have not left any sections unanswered.
- Photo copy your Tax Documents and attach to your Scholarship Application.
- Mail Application and Tax Documents to The Play Group Theatre. Do not submit via Fax or email.
- Following notification of your scholarship, please register your child promptly. You have one week to secure your scholarship and your child's place in the program for the season.

THE PLAY GROUP THEATRE FINANCIAL AID APPLICATION

Student's Last Name: _____ First Name: _____

Gender: M F Home Telephone Number: (_____) _____ - _____

Mailing Address: Number and Street _____

City: _____ State: _____ Zip: _____

SCHOLARSHIP REQUEST – complete all information

1. PGT program in which you are enrolling:
2. Cost of program in which you are enrolling:
3. Amount of scholarship requested from PGT:
4. Have you received financial aid from PGT before? 5. If yes, when and how much?
6. Number of years your child has attended PGT, prior to this year:

Parent #1

Parent #2

Last Name:	Last Name:
First Name:	First Name:
Email:	Email:
Cell #:	Cell #:
Work #:	Work #:
Occupation:	Occupation:
Title:	Title:
Employed by:	Employed by:
Years with company:	Years with company:

Student's age _____ Grade this year _____ School _____

Parents' marital status _____ Student lives with _____ total # of children in family _____

Complete this section if student's parents are divorced or separated:

divorced legally separated separated, no court action date of divorce/separation: _____

Non-custodial parent First Name _____ Last Name _____

Home Address _____

Occupation _____ Employed by _____

Is there any agreement specifying a contribution for this student's summer and/or after-school educational enrichment expenses? Yes No If yes, how much per year? \$ _____

Provide current year information below for all dependent children. LIST APPLICANT FIRST:

Name of child	Age	School or college attending	Total Tuition	Scholarship Received	Amount paid by parents

Provide information below for all dependent children for 2013-14, other than Play Group Theatre

After School Enrichment & Summer Programs	Number of children attending	Total Cost of Program	Financial Aid Received	Amount paid by Parents

Provide anticipated information below for all dependent children for 2014-15, other than PGT

After School Enrichment & Summer Programs	Number of children attending	Total Cost of Program	Financial Aid Received	Amount paid by Parents

Number of cars in the family: _____

Own Lease Year _____ Make _____ Payment _____

Own Lease Year _____ Make _____ Payment _____

Did you or members of your family make any vacation trips during the past year? Yes No

If yes, please detail (where, length of time, cost): _____

Annual rent or mortgage payments on family residence (if none, explain in a separate letter):

2014 _____ estimated 2015 _____

Have you made any renovations to your home in the last two years? Yes No

If yes, please indicated what, when and cost: _____

Parents' Annual Income and Expenses

Enter information in boxes. Enter a zero (0) if no other entry applies.

Please **do not** leave any boxes empty. Thank you

Taxable Income before deductions	2014	Estimated 2015
Parent #1		
Parent #2		
Dividend and/or interest income		
Alimony received		
Net profit from business		
Other taxable income		
Non-taxable Income	2014	Estimated 2015
Child support received		
Financial assistance from Grandparent or family member		
Social Security		
Other non-taxable income		

Parents' Assets and Liabilities

Parents' Bank or Investment Accounts	Savings accounts	\$
	Checking accounts	\$
	Cash in investment accounts	\$
Other Investments (net value) including:	Pensions	\$
	Trusts	\$
	IRA's	\$
	Stocks	\$
	Other (please specify) _____	\$
Dividend and/or interest income	Indebtedness	\$
	<i>(don't include mortgage, car Or other consumer indebtedness)</i>	

To be completed if you own a business

Percentage of Ownership	%
Assets	\$
Liabilities	\$

Any additional information you would like the scholarship committee to consider should be placed here or attached to this application. PLEASE PRINT CLEARLY.

I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct and complete.

Signature of parent _____ Date _____

The above application must be completed in its entirety. If any questions are unanswered or any documentation is not submitted, this application will be considered invalid and will be returned to you.

-----FOR OFFICE USE ONLY-----

Scholarship #	Scholarship Granted \$	Family Contribution \$
Notified ____/____/____	By <input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> letter	Accepted ____/____/____

Approved by _____ Date _____

Executive Director Approval _____