



One North Broadway ♦ White Plains, NY 10601

phone: 914-946-4433 ♦ fax: 914-946-1336 ♦ [www.playgroup.org](http://www.playgroup.org)

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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 for the FALL SEASON
- January 30 for the SPRING SEASON
- April 3 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 or hand deliver (**do not email or fax**) the completed 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 LAST YEAR, 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 THIS YEAR, 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):

Last Year \_\_\_\_\_ Estimated This Year \_\_\_\_\_

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

**Parents' Assets and Liabilities**

<b>Parents' Bank or Investment Accounts</b>	Savings accounts	\$
	Checking accounts	\$
	Cash in investment accounts	\$
<b>Other Investments (net value) including:</b>	Pensions	\$
	Trusts	\$
	IRA's	\$
	Stocks	\$
	Other (please specify) _____	\$
<b>Dividend and/or interest income</b>	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 \_\_\_\_\_