



FAMILY PARTNERSHIP PROGRAM | SCHOOL YEAR

PROVIDING ASSISTANCE SO THAT EVERYONE MAY BENEFIT

First Stage Theater Academy maintains a strong commitment to making our classes available to all students, regardless of financial circumstances. Thanks to a leading contribution from The Burke Foundation and funds from CDBG Milwaukee and other donors, we are able to provide a wide range of assistance to many families.

First Stage Theater Academy offers need-based financial aid.

Funded in part by



**QUESTIONS? CONTACT THE ACADEMY OFFICE AT
(414) 267-2970 OR ACADEMY@FIRSTSTAGE.ORG**

If you are applying for financial aid, register by mail or in person only. Online registration is unavailable. Attach this application to your registration form.

YOUR APPLICATION WILL NOT BE PROCESSED UNTIL EACH OF THE FOLLOWING IS RECEIVED BY THE ACADEMY:

- Your class registration
- \$50 Registration Deposit
- Additional Documentation (see below)

Application and documentation must be received no later than two weeks before the start of your preferred class. Any application received within two weeks of preferred class will not be processed.

ADDITIONAL PAPERWORK REQUIRED

Please attach a copy of both sides of the first page of your most recent federal income tax return. This information will be kept strictly confidential. Financial aid applications without this attachment will not be processed. If you do not file taxes, proof of income or benefits must be submitted (i.e. Child Support Statement, Unemployment Benefits, VA benefits, W-2 benefits, 4 most recent paystubs, Alimony Settlement, Foster Care Subsidy Letter, etc.)

PARENT MUST READ, CHECK AND SIGN BELOW

- I understand that if I receive financial aid, my student is required to attend his/her session consistently. Failure to attend class sessions without notifying First Stage may result in forfeit of financial aid for the remainder of the season, and a cancellation fee.
- I understand that I am not eligible for financial aid if I have any previous outstanding balances.
- I understand that my student's ongoing involvement is contingent upon positive and successful participation.

Parent/Legal Guardian Signature

Date

**MAIL APPLICATIONS TO FIRST STAGE THEATER ACADEMY
325 W. WALNUT STREET | MILWAUKEE, WI 53212**

(Form continued on back)

PLEASE COMPLETE ONE FORM FOR EACH STUDENT. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Student's Name Male Female Other: _____ Birthdate _____ Age _____
Ethnicity (optional—for grant reporting purposes only): Asian / Pacific Islander Black or African American
 Hispanic or Latino Native American or American Indian White Opt Out Other _____

School in Fall 2021 _____ Grade in Fall 2021 _____
My student's school is: MPS Not MPS, but located in the City of Milwaukee Other district: _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Daytime Phone _____ Parent/Legal Guardian Evening Phone _____

Parent/Legal Guardian Mobile Phone _____ Email address _____

Which adult assumes financial responsibility for the student?
 Mother Father Legal Guardian Other: _____

Does the student receive free or reduced lunch at school? Yes No

Check any/all that apply: Single Female Head of Household Parents separated/divorced
 Father/mother unable to work Father/mother is deceased

Are you currently receiving benefits from Wisconsin Works/W-2? (Including, but not limited to FoodShare, Medicaid, child care assistance, and Job Access Loans) Yes No

PAYMENT

First Stage will work with all families to ensure students are able to enjoy classes in all of our locations. Please fill out the following questions to assist us in distributing financial aid.

Parent/Legal Guardian Occupation _____ Place of Employment _____

Parent/Legal Guardian monthly earnings (before taxes) _____

Please list all additional sources of income (including but not limited to: Alimony, Support from a Non-custodial Parent, Veterans/ Social Security benefits, Unemployment or Worker's Compensation, etc.).

TUITION

Class tuition total	\$ _____
New Student (one-time application fee \$20)	+\$ _____
TOTAL BALANCE	\$ _____

Please indicate the amount that your family can contribute to the cost \$ _____

Please elaborate on your reason(s) for this financial aid request:

Please attach a copy of both sides of the first page of your most recent federal income tax return. This information will be kept strictly confidential. Financial aid applications without this attachment will not be processed. If you do not file taxes, proof of income or benefits must be submitted (i.e. Child Support Statement, Unemployment Benefits, VA benefits, W-2 benefits, 4 most recent paystubs, Alimony Settlement, Foster Care Subsidy Letter, etc.)