



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

□ \$25 Registration Deposit

□ Additional Paperwork* (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

sessions without notifying First Stage may result in forfeit of financial aid for the remainder of the season, a	
$\hfill\square$ I understand that I am not eligible for financial aid if I have any unaddressed outstanding balances.	
Parent/Legal Guardian Signature	Date

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

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

Student's Name	□ Male □ Female	□ Other:	Birthdate	Age
	-for grant reporting purposes only): no □ Native American or American			
School in Fall 2023			Grade in Fall 202	23
My student's schoo	ol is: MPS Not MPS, but locat	ed in the City of Milw	aukee Dother district:	
Parent/Legal Guar	dian Name			
Parent/Legal Guar	dian Daytime Phone	Parent/Le	gal Guardian Evening Phone	
Parent/Legal Guar	dian Mobile Phone	Email add	dress	
	es financial responsibility for the stud ner \Box Legal Guardian \Box Other: \Box			
Does the student r	eceive free or reduced lunch at schoo	ol? □ Yes □ No		
Check any/all that	apply: Single Female Head of Ho Father/mother unable to w		'	
	eceiving benefits from Wisconsin Wo o Access Loans) Yes No	rks/W-2? (Including,	out not limited to FoodShare, Medicaid,	child care
		PAYMENT		
	rk with all families to ensure student ns to assist us in distributing financial		asses in all of our locations. Please fill ou	ut the
Parent/Legal Guar	dian Occupation	Place	of Employment	
Parent/Legal Guar	dian monthly earnings (before taxes)			
	ional sources of income (including bu nefits, Unemployment or Worker's Co		ony, Support from a Non-custodial Paren	it, Veterans/
	Class twitting total	TUITION	¢.	
	Class tuition total	n fee \$20)	+\$	
	Please indicate the amount that yo	ur family can contrib	ute to the cost \$	
Please elaborate o	n your reason(s) for this financial aid r	equest:		

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