



# Newton Performing Arts Center Scholarship/Reduced Fee Application Form

**Please complete and return to:**

Newton Performing Arts Center  
601 SE 36<sup>th</sup> ST Suite 120  
Newton, KS 67114  
dance@newtondance.com

**Important:** Completing a scholarship application does not register a child for a program. Please complete a registration form separately for the activities in which your child wants to participate.

To be completed by a parent or guardian *—please print neatly or type*

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Number of family members residing at above address: \_\_\_\_

Do you currently qualify for Free/Reduced lunch program? \_\_\_\_Yes \_\_\_\_No

List family members applying for scholarships below (age 17 and under):

Child's Full Name	Date of Birth	Age	Grade

Do you receive financial assistance from any state agencies? Please list: \_\_\_\_\_

Are you employed? \_\_\_\_No \_\_\_\_Yes if yes, who is your employer: \_\_\_\_\_

May we contact this employer for employment verification? \_\_\_\_No \_\_\_\_Yes Employer Telephone :( ) \_\_\_\_\_

**Total Family Income** (including wages of all working members, welfare payments, pension, social security, regular contributions from person(s) not living in household (i.e. child support). Supportive documentation to substantiate income shall include one of the following: \_\_\_\_ Approved Free and Reduced lunch program form; \_\_\_\_ W-2 form; \_\_\_\_ DDI Form; \_\_\_\_ Social Security;

\_\_\_\_ Unemployment Statement

\$ \_\_\_\_\_ per month

\$ \_\_\_\_\_ per year

I, \_\_\_\_\_ (name of applicant), give permission to authorize Newton Performing Arts Center to verify information on this application. I also understand that deliberate misrepresentation of above information subjects the applicant to being disqualified for scholarship consideration. I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use only**

**Date Received** \_\_\_\_\_

Application approved \_\_\_\_Yes \_\_\_\_No

Approved

by: \_\_\_\_\_

Actual Tuition \_\_\_\_\_ Discounted Amount \_\_\_\_\_