



Scholarship/Reduced Fee Application Form

<p>Please complete and return to: Newton Performing Arts Center 601 SE 36th ST Suite 120 Newton, KS 67114 dance@newtondance.com</p>	<p><u>Important:</u> 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.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 and/or ____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: _____
Level approved: _____%	