

Canton Community Theatre Request for Financial Assistance From

Parent/Guardian name: _____

Address: _____

Phone: _____ Alt Phone: _____

Childs name: _____ Age: _____ Grade: _____

Childs name: _____ Age: _____ Grade: _____

Childs name: _____ Age: _____ Grade: _____

Childs name: _____ Age: _____ Grade: _____

Check which session you are applying for: 1st _____ 2nd _____ Both _____

Total amount of camp tuition: _____

What is the amount of assistance that you are requesting? \$ _____

Personal Statement of Need: Please take this space to explain your financial need, why you would think your child/children would enjoy this programming, and what you hope your child will gain from participation. Feel free to add additional pages, if necessary.

I understand that this is only an application to request financial assistance and is not a promise or guarantee of assistance. Canton Community Theatre reserves the right to offer the full amount requested, partial amount, or no financial assistance to any applicant. I understand that if awarded financial assistance that I will be held liable for any remaining balance due not covered by the financial assistance. I understand that if I am selected to receive assistance, I have the right to accept or refuse the assistance offered within 7 days. If I do not accept within 7 days, the offer is considered void and a new application must be submitted for any consideration. If I accept financial assistance from CCT I understand that I must still complete the registration, information, and waiver forms to be allowed to participate.

Please email applications to **Bob Cattel** (bob.cattel@gmail.com) no later than **July 8, 2019**. Application received after this date will not be considered. Those who are awarded financial assistance will be notified by July 13, 2019.

Parent/Guardian name: _____ Date: _____