



Find Your Stage Door ... And Open It!

YOUTH SCHOLARSHIP APPLICATION FORM

Gettysburg Community Theatre has a limited number of scholarships available for children to attend a class or day camp at GCT, 49 York Street, Gettysburg, PA 17325.

To apply for the scholarship, please complete and return this form once PER semester, along with a current valid copy of the documentation requested to: Chad@GettysburgCommunityTheatre.org or GCT, 49 York Street, Gettysburg PA 17325

Please complete the following:

Parent/Guardian Name: _____ Telephone#: _____

Address: _____ E-Mail: _____

City/State/Zip: _____ Township/Borough: _____

Child's Name: _____ Age/Grade/School: _____

To establish eligibility, please provide a copy of ONE of the following documents:

Head Start Registration: _____

SCAAP documentation: _____

ACHA Section 8 housing assistance documentation: _____

SS Disability letter: _____

WIC program card: _____

Medicaid/Medicare Card: _____

CHIP insurance card: _____

Foster Care documention: _____

I certify (promise) that all information on this application is true. I understand that the GCT office may verify this information. I further understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Signature: _____ Date: _____

For office only:

Date received: _____ Documents reviewed: _____

Decision: _____ Accepted _____ Not Accepted _____ (Please state reason) _____

Student notified: Date _____

Via: _____ E-mail _____ Phone call: _____ Letter _____

If the above documentation is NOT available you may apply for a scholarship by completing the following income verification form. Please submit this completed and signed form, your latest Federal Income return and current pay stubs for all household members with income.

Low Income Earning Limits

FEDERAL INCOME CHART			
Household size	Yearly	Monthly	Weekly
1	\$38,400	\$3,200	\$738
2	\$43,850	\$3,654	\$843
3	\$49,350	\$4,113	\$949
4	\$54,800	\$4,567	\$1,053
5	\$59,200	\$4,933	\$1,138
6	\$63,600	\$5,300	\$1,223
7	\$68,000	\$5,667	\$1,308
8	\$72,350	\$6,029	\$1,391

Gross Income and how often received: (Please use *monthly income* on all sources of income)

Name: List all household members with income	Earning from work, before deductions - <i>monthly</i>	Welfare, child support, Alimony - <i>monthly</i>	Pensions, retirement, Social Security, SSI, VA benefits - <i>monthly</i>	All other income - <i>monthly</i>

I certify (promise) that all information on this application is true. I understand that the GCT office may verify this information. I further understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Signature: _____ Date: _____