

PISCES MOON
EDUCATIONAL THEATRE

Financial Aid Information

Please see web site for information on deadlines to apply.

Pisces Moon Educational Theatre (PMET) is pleased to be able to offer a limited amount of partial scholarships for its upcoming classes. Scholarships will be granted to students attending classes who demonstrate a strong financial need. Financial aid will be disbursed on a sliding scale—eligible families generally receive scholarships covering up to 20% of tuition.

Families applying for financial aid must submit a minimum \$50.00 deposit per student at the time of registration. This amount secures the student's place in the program while their financial aid application is under consideration.

Your application must include a SIGNED copy of your most recent Federal Income Tax Returns. It is not necessary to include schedules. You may, but are not required, to list any extenuating circumstances regarding your financial situation on a separate page.

To apply for financial aid:

1) Print and complete this application form. Please print clearly and be specific.

2) Prepare a package which includes

- The completed financial aid form
- Appropriate copies of your signed tax returns
- Your deposit of \$50 per student
- Your registration form(s)

3) Mail your completed package to:

Pisces Moon Educational Theatre
P.O. Box 3422
Santa Cruz, CA 95063

Any further questions?

Please email us at admin@piscesmoon.org.

PISCES MOON
EDUCATIONAL THEATRE

Financial Aid Application

STUDENT NAME: _____ **DATE OF BIRTH:** ____/____/____

REGISTERED FOR (name of class): _____

Address for all correspondence

STREET: _____

CITY: _____, **STATE:** _____, **ZIP:** _____

PARENT / STEPPARENT / GUARDIAN 1 (at this address):

Name: _____

PHONE (day): _(____)____ - _____

PHONE (evening): _(____)____ - _____

E-MAIL: _____@_____

MONTHLY EARNINGS (before taxes): \$ _____

OCCUPATION / EMPLOYER: _____ / _____

PARENT / STEPPARENT / GUARDIAN 2 (at this address)

Name: _____

PHONE (day): _(____)____ - _____

PHONE (evening): _(____)____ - _____

E-MAIL: _____@_____

MONTHLY EARNINGS (before taxes): \$ _____

OCCUPATION / EMPLOYER: _____ / _____

ADDITIONAL MONTHLY HOUSEHOLD INCOME: \$ _____

(include ALL sources: alimony or support from non-custodial parent, veteran/social security benefits, unemployment or workers' compensation, federal or state aid, etc...)

AVERAGE MONTHLY HOUSEHOLD EXPENSES (rent, utilities, groceries etc...): \$ _____

AMOUNT OF AID REQUESTED (up to 20%): \$ _____

My signature verifies the above statements to be true.

PARENT / GUARDIAN SIGNATURE

_____/_____/_____
DATE