How to Apply for a McCarter Class Scholarships

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The McCarter Theatre Center is dedicated to serving those students who are interested and excited about experiencing our unique programming. We encourage families who are considering not participating in our programs because of monetary issues to apply for financial aid, which is provided by several individual sponsors, corporate and foundation funding, and the State of New Jersey.

Your application will be considered and responded to in a timely fashion. Scholarships will be awarded based on financial need only.

To apply for a scholarship you will need to submit the following:

- A copy of your most recent Federal Income Tax Return (front page only) with your social security number(s) blacked out for security reasons
- A completed copy of the attached Scholarship Application Form (attached below)
- A completed copy of the Class Registration Form (attached below)

The above mentioned tax information must be submitted at the same time as the Scholarship Application Form. Please note that any incomplete applications cannot be considered for review.

Please complete and email the above requirements to classes@education.org with the subject line “Scholarship Request”

This program is made possible in part by funds from the New Jersey State Council on the Arts/Department of State, a Partner Agency of the National Endowment for the Arts.

Education programs are made possible by: The Bernstein Family Foundation; Mary Owen Borden Foundation; Dow Jones Foundation; Inc.; The William Randolph Hearst Foundation; The Horizon Foundation for New Jersey; Janssen, L.P.; J.P Morgan Chase & Co., The J. Seward Johnson Sr. 1963 Charitable Trust; Johnson & Johnson Family of Companies; New Jersey Manufacturers Insurance Company; NRG Energy; Princeton Financial Systems and State Street Foundation, Inc.; Provident Bank Foundation; PSEG; Target; Tyco International; and Wells Fargo.
SCHOLARSHIP FORM
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Name of Class: ___________________________________ Total Cost of Class/Camp: $ ________________

Student’s Name: _______________________________ Gender (M/F/Non Binary): _____ Date of Birth: _______ Grade in FALL 2020: ________

Parent/Guardian Name: ____________________________

Mailing Address: ________________________________________________________________

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<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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Home Phone: __________________________ Work Phone: __________________________

Cell Phone: __________________________ Email Address: _________________________

Did your child take a McCarter class in the past year? _____________

If so, what class? __________________________

Reason you are applying for financial assistance (use back if necessary)

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Tell us a bit about why this class is of interest to your student (use back if necessary)

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

Gross Family Income (per year): $ ________________

How much can you afford to pay for this program? $ ________________

I hereby certify that the above information is true and correct.

X

Signature of Parent/Guardian ___________________________ Date ___________________________

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CLASS REGISTRATION FORM

Submission of this form is for registration purposes only, and does not guarantee enrollment in a selected class. In the event a class is full, you will be notified by email.

Student’s Name: ____________________________________________

Name of class (s) you are registering for: ____________________________________________

Student’s Date of Birth: ___________ Grade: _____ Gender (M, F, Non-Binary): __________

Parent/Guardian Name: ____________________________________________

Mailing Address:

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Home Phone: ___________________________ Work Phone: ___________________________

Cell Phone: ___________________________ Email Address: ___________________________

PAYMENT INFORMATION Please check one:

_______ Payment in Full

_______ Applying for Financial Aid (you must return your completed Financial Aid application form with your Registration Form)

Method of Payment: Check # ____________ Credit Card: Type ___________________________

Name as it appears on card: ____________________________________________

Card Number: ___________________________ Expiration Date: ______ (mm/yyyy)

Card Holder’s Signature: ____________________________