

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: _____

Street City State Zip Code

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: _____

Street

City

State

Zip Code

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: _____

