

# McCarter | Education

## How to Apply for a McCarter After School or Summer Camp Scholarship

The McCarter Theatre Center is dedicated to serving 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@mccarter.org](mailto:classes@mccarter.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 George H. and Estelle M. Sands Foundation; NJM Insurance Group; Munich RE; and Janssen Pharmaceuticals Inc., Johnson and Johnson Family of Companies.



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## AFTER SCHOOL/SUMMER CAMP SCHOLARSHIP FORM

Name of Class: \_\_\_\_\_ Total Cost of Class/Camp: \$ \_\_\_\_\_

Student's Name: \_\_\_\_\_ Gender (M/F/Non Binary): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Did your child take a McCarter After School Class or McCarter Summer Camp in the past? \_\_\_\_\_

If so, what class/camp and year? \_\_\_\_\_

Reason you are applying for financial assistance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us why this class/camp is of interest to your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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## AFTER SCHOOL/SUMMER CAMP REGISTRATION FORM

**Submitting this form does not guarantee enrollment in a selected class/camp. In the event a class/camp is full, you will be notified by email.**

Student's Name: \_\_\_\_\_

Name of class/camps (s) you are interested in: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Gender (M, F, Non-Binary): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_