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 with the subject line “Scholarship Request”
McCarter | Education

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: ____________________________________________________________

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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

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.
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: ________________________________________________________________

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Primary Phone Number: ______________________________

Secondary Phone Number: ______________________________

Email Address: ______________________________