



# Young Actors Academy Financial Aid Application

817 Saint Paul Street Baltimore, MD 21202  
410 . 752 . 1225 www.spotlighters.org Academy@spotlighters.org

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Complete entire application for financial aid consideration. Incomplete application packets will not be processed. Please make sure to fill out all fields on this form and provide all support materials.

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

Student's School & Grade: \_\_\_\_\_ / \_\_\_\_\_ Child's Age: \_\_\_\_\_ Gender: M / F

Parent / Guardian's Name(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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STUDENT STATEMENT - in a few sentences please answer the following questions.

Why do I want to attend the Summer Young Actors Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do I want to learn, or What skills do I want to improve at the Summer Young Actors Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Statement of Family Need (Explain any circumstances that contribute to the family's financial need): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Student Reference: Please provide a reference (non-family member) who knows the Student well - teacher, clergy person, counselor, coach, etc.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ How Long: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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Family Information:

Total Number of Dependent children (and ages) in the household

\_\_\_\_\_ Under 13; \_\_\_\_\_ 13-18; \_\_\_\_\_ Over 18 years

Does the Student qualify for Reduced or Free Lunch Program? YES / NO

Monthly Household Income: \$ \_\_\_\_\_

Monthly Utilities (average): \$ \_\_\_\_\_

Debts/CreditCard/Loan Payments: \$ \_\_\_\_\_

Medical Expenses: \$ \_\_\_\_\_

Any Special or Unusual Expenses: \$ \_\_\_\_\_

For Academy Staff	TOTAL EXPENSES:	\$ _____
	INCOME AFTER EXPENSES:	\$ _____

Financial Aid Request

Spotlighters believes in offering dynamic, challenging, and fun theatrical education for youth, and strives to make all programing affordable and accessible. We offer a limited number/amount of financial aid to both new and returning students. We request that households contribute 20-75% of the full tuition fee depending upon each household's needs. No Financial Aid Application can be processed until a student has been registered for the Program, and the Registration Fee (\$100) paid.

Indicate the Program in which you are enrolling your child.

Summer Young Actors Academy:

\_\_\_ Upper School Theatre – (Grds 6-12) \$995 Five Week Program

\_\_\_ Lower School Theatre I – (Grds K-2) \$795 All Five Weekly Modules

\_\_\_ Lower School Theatre II – (Grds 3-5) \$795 All Five Weekly Modules

\_\_\_ Lower School Theatre I – (Grds K-2) \$200/week for \_\_\_\_\_ Modules (enter # of weeks) = \$ \_\_\_\_\_

\_\_\_ Lower School Theatre II – (Grds 3-5) \$200/week for \_\_\_\_\_ Modules (enter # of weeks) = \$ \_\_\_\_\_

Amount that household is able to provide toward Tuition: \$ \_\_\_\_\_

Amount of Financial Aid needed: \$ \_\_\_\_\_

Applications are due by June 1 for all summer programs.

Applications may be completed online and emailed to Academy@Spotlighters.org or printed and mailed to:

Spotlighters Theatre - 817 Saint Paul Street - Baltimore, MD 21202

I understand that this is only an application to request Financial Aid and is not a promise or guarantee of assistance. Spotlighters reserves the right to offer the full amount requested, a partial amount, or no financial aid to any applicant. If offered financial aid, I must respond within 10 days, and make arrangements to payment of any tuition balance due at that time. Failure to respond within 10 days may void the assistance offered. This Application is to be signed by parent(s) or guardian(s) in the household.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Printed Name Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Printed Name Date