



274 Main St. Northampton, MA 01060

This application should be used to request Financial Aid for Academy Youth Programs. Note: Due to the number of requests, we provide financial aid to only one child per calendar year. Please allow two weeks processing time.

Academy Youth Production Financial Aid is awarded per session. For security reasons, all applications must be submitted by mail. Applications must be received two weeks before the start of the requested program. A new application must be submitted for each session in which you wish to enroll.

Please read the following instructions carefully. It is important to complete the bottom portion of the application in full and the attach copies of all required documentation to your application. (Please note that we cannot make copies for you.) Incomplete applications cannot be processed. Completion of this application does not guarantee financial aid. You will receive a letter regarding your status after review.

- 1. Please attach all of the following documentation to your application:
a. Copy of your most recent US Federal Income Tax return and W2. Self-employed individuals will need to submit a copy of their Section C or Schedule E. *If the above is not filed see 2a. & 2b.
b. One month proof of current income (i.e. copy of pay stubs)
2. Please submit the following if applicable:
a. Copy of unemployment benefits statement.
b. Copy of Social Security benefits statement (disability of retirement.)
c. Copy of Child Support (dated court document.)
3. Include any special circumstances that you wish to have taken into consideration on the second page.
4. Please note: when applying for either 1-adult household or 2-adult household w/children you must submit proof of income from both adults.
5. Please remember to sign and date this application. Thank You.

Program Name(s) _____

Your Name: _____
Address: _____ City: _____ ST _____ Zip _____
DOB: ____/____/____ Day Phone: (____) _____ Email _____

Employer Name _____ Annual Salary \$ _____
Employer Address _____

Partner's Name: _____
Address (if different): _____ City: _____ ST _____ Zip _____
DOB: ____/____/____ Day Phone: (____) _____ Email _____

Partner's Employer Name _____ Annual Salary \$ _____
Partner's Employer Address _____

Child Support \$ _____
Other Income _____

I hereby attest that all the information provided is true and accurate.

Signature _____ Date _____

Please mail completed applications to Debra J'Anthony, Exec. Director 274 Main St. Northampton, MA 01060



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Family Information (List Last Name if Different)

#	Dependent/Children's Names	M/F	Birth Date	Relationship	School	Grade
(1)						
(2)						
(3)						
(4)						

Special Circumstances:

Questions? You may contact Debra J'Anthony, djanthony@aomtheatre.com, (413) 584-9032 x. 102.
Thank you for your application.

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