

Confidential – only to be used by TTM to determine financial aid eligibility.

Theatre Theatre Maui Financial Aid Application Instructions

It is the parent/guardian’s responsibility to have the school and/or agency validate your information on page 2 of this application. Incomplete applications will not be accepted by Theatre Theatre Maui (TTM).

Your fully completed application must be received by TTM no later than 6:00pm, May 15th.

Applicants:

1. Please read the instructions and **complete/sign** the Authorization Form to Release Confidential Information **below**
2. Complete the TTM Financial Aid Application - Partial Tuition Assistance for Summer Camp on page 2. Please answer all questions.
3. Please take this application and authorization form to the designated office(s) for validation (i.e. the school office if your student receives the free or reduced lunch subsidy and/or to your DHS case worker if your student meets the welfare requirements)
4. When the application is completed and signed by designated official(s), please submit both the Financial Aid Application and the camp Registration Form to TTM, PO BOX 12318, Lahaina, HI 96761, by 6:00pm May, 15th.
5. Applicants should pay the minimum co-payment of \$212.50 by 6:00pm, May 15th, while waiting for the financial aid decision. Not to be combined with any other offers. Financial aid decisions should be made within a week of the deadline.

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Authorization Form to Release Confidential Information

I, the undersigned, as a parent/guardian of: (Student) _____, do hereby authorize (Name of Organization) _____, for verification purposes only to release to Theatre Theatre Maui (TTM), certain financial, confidential information as requested by TTM.

Signed by (Parent/Guardian) _____ Date _____

Printed name (Parent/Guardian) _____

* Note to parent/guardian, please provide a separate Authorization to Release Confidential Information release form to each applicable organization.

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Theatre Theatre Maui FINANCIAL AID APPLICATION - Partial Tuition Assistance for Summer Camp

Please submit this application along with your registration form and minimum co-payment of at least \$212.50 to Theatre Theatre Maui as soon as possible & prior to May 15th. Availability of financial aid is limited.

Student Information

Student Name _____ Age _____ School Grade in Fall 2017 _____ Gender _____

Current School (circle one) KKIII - LIS - LHS - MPA - PNS - SH - Other _____

Parent/Guardian (Include each parent/guardian if family separated)

Parent/Guardian Name _____ Relationship _____ Email _____

Mailing Address _____ Phone _____

Parent/Guardian Name _____ Relationship _____ Email _____

Mailing Address _____ Phone _____

Household

Number of Dependent children in same household _____ Is this a single-parent household ___ Yes ___ No

Are you receiving financial support for the children in the household? ___ Yes ___ No

If yes, identify the source _____

Theatre Theatre Maui only uses the following information to determine Financial Aid eligibility

1. Does your child currently qualify for free or reduced lunch subsidy? ___ Yes ___ No

• If yes, this form must be validated by a designated school official

School Official _____ Signature _____ Date _____

2. Do you currently receive welfare assistance (monetary, medical coverage, food stamps) ___ Yes ___ No

• If yes, this form must be validated by your designated case worker:

DHS Case Worker _____ Signature _____ Date _____

If not listed above, identify any other reasons that you feel your child should qualify for financial aid:

A. What amount over the required co-payment of \$212.50 can you pay? \$ _____

B. What volunteer services can you provide during the summer camp _____

Certification and Authorization: The information provided is correct and complete to the best of my knowledge. My signature authorizes release of my confidential information to TTM, and I understand I need to authorize the above providers to release information to TTM by completing the authorization form. If my approved portion of the TTM program enrollment is more than the minimum co-payment of \$212.50, I agree to pay that amount by June 12th.

Parent Signature(s)

_____ Date _____

_____ Date _____