

# 2023 Tuition Assistance Application Form

## Company B Summer Day Camp

ALL INFORMATION COLLECTED FOR FINANCIAL ASSISTANCE IS CONFIDENTIAL.

The H. Edward Bilkey Memorial Scholarship Fund of St. Thomas Playhouse and the Campfire Foundation offer financial aid based on economic need.

We offer partial scholarships and payment plans. Due to great demand and limited resources, it is important that you provide us with your **complete financial picture** for full consideration. Please use one form per camper.

**St. Thomas Playhouse reserves the right to request more financial information.**

**THIS FORM DOES NOT GUARANTEE YOUR CAMP REGISTRATION.**

**Registration Opens April 5<sup>th</sup>, 10:00 am MT**

Register online at [stthomasplayhouse.org](http://stthomasplayhouse.org) with \$100 non-refundable deposit or call the office (208) 726-5349 and ask for Sara or Joanna.

**Form Deadline: May 1st, 2023**

☐ 1 form for each camper

### Return to:

St. Thomas Playhouse Outreach & Education Department at  
P.O. Box 1070, Sun Valley, Idaho 83353 or email to [sgorby@stthomassv.org](mailto:sgorby@stthomassv.org)  
If you have any questions, please call Sara at (208) 726-5349 ext. 16.

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (Fall 2023) Gender: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Program you are applying for:

☐ Co. B Session 1 (June 12-23) Phantom Tollbooth, Jr.

☐ SPACC (June 26-July 1 @ Camp Perkins) ☐ Co. B Session 2 (August 7-11) Disney's Lion King Jr.

### Financial Summary:

Please include **BOTH** mother, father's and/or guardian's income information

Mother's Employer(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Employer(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Total Household Income (fill in one column per applicable income type):

Weekly

Monthly

Annually

Wages/tips/commissions: \_\_\_\_\_  
Grants/scholarships: \_\_\_\_\_  
Alimony: \_\_\_\_\_  
Child Support: \_\_\_\_\_  
Other: \_\_\_\_\_

**Names & Ages of All Household Members:**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

- A. **Please have child or youth write a brief essay about why he/she would like to attend camp on a separate page.**
- B. Please explain any special circumstances/expenses you currently have (large medical bills, family member(s) in college, legal proceedings, etc.):

I confirm that the above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**FOR OFFICE USE ONLY-PLEASE DO NOT WRITE IN THIS BOX.**

Received \_\_\_\_\_ Payment Received \_\_\_\_\_  
Sent to committee \_\_\_\_\_  
Approved \_\_\_\_\_ Amount \$ \_\_\_\_\_