2024 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, you must provide us with your <u>complete financial picture</u> for full consideration. Please use one form per camper. **St. Thomas Playhouse reserves the right to request more financial information.**

THIS FORM <u>DOES NOT</u> GUARANTEE YOUR CAMP REGISTRATION. Registration Opens April 1st, 10:00 am MT

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

Form Deadline: May 1st, 2024 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 joanna@stthomassv.org If you have questions, please call Joanna at (208) 726-5349 ext. 21.

Student's Name:			School:		
Birthdate:	Age:	_Grade:	(Fall 2024) Gender:		
Parent/Guardian:	Relationship to student:				
Mailing Address:					
City:	State:		Zip Code:		
Home Phone:		Da	y Phone:		
Cell:	_ E-mail Address	i:			
Program you are applying for: Co. B Session 1 (June 10-21) Disney's Finding Nemo, Jr.					

SPACC (June 24-June 29 @ Camp Perkins) Co. B Session 2 (August 5-16) Schoolhouse Rock, Jr.

Financial Summary:
Please include <u>BOTH</u> mother, father's and/or guardian's income information

	Phone:				
Father's Employer(s):					
	Phone:				
Total Household Income (fill in one	column per applica Weekly	able income type): Monthly	Annually		
Wages/tips/commissions:					
Grants/scholarships:					
Alimony:					
Child Support:					
Other:					
Names & Ages of All Househ	nold Members:				
1		4			
2		5			
3		6			
A. Please have the child o camp on a <u>separate page.</u>	r youth write a bri	ef essay about why l	he/she would like to attend		
B. Please explain any speci (large medical bills, family mem					
I confirm that the above informatio	n is true and accura	ate to the best of my k	nowledge.		
Signature:		Date:			
Print Name					