

**Portland Stage Company  
Financial Assistance Form for Youth Programs**

Application Date \_\_\_\_\_

**I**

Name of Dependent Child that would benefit from this assistance: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Alternate Email \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_

Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Dependent Children Living in Household: Other Persons Living in Household:

Name DOB Name Age Relation

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

The program for which you are requesting assistance  
(Serious Play, Summer Camps, Theater For Kids, etc.)

\_\_\_\_\_

**II**

If you are on Public assistance please check the appropriate item and submit a copy of your card or other verification:

\_\_\_ AFDC \_\_\_ EAEDC \_\_\_ Veteran's Benefits \_\_\_ Food Stamps \_\_\_ Other

**If any of the above categories apply, skip to section IV.**

**III**

Monthly Household Income (designate type of income and amount received each month)

Type

Wages \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

AFDC \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Child Support Income \$ \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

Please attach documentation from any source of income you are receiving (as marked above). All household members who are working are asked to submit a copy of check stubs from the last three weeks.

**IV**

Have you received financial assistance in the past from Portland Stage Company? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, For what program and when and how much? \_\_\_\_\_

**V**

If financial aid were not available, would you be interested in work study?

Yes \_\_\_\_\_

No \_\_\_\_\_

**VI**

**The statements and responses I have given are true and correct.**

Applicant's signature: \_\_\_\_\_

**Please return this form and necessary verification to:**

**Hannah Cordes, Education Manager**

**Portland Stage Company**

**P.O. Box 1458, Portland, ME 04104**