

**Portland Stage Company Financial Assistance Form for In-Theater Programs**

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

I

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

Applicant's Name \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

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

Supervisor \_\_\_\_\_

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

Are there any additional adults contributing to the financial support of the child?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please list information below and include their information under section III or have them fill out their own form.*

Info included below \_\_\_ Sending separate form \_\_\_\_\_

Name of additional contributing adult (if applicable) \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Supervisor \_\_\_\_\_

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

Additional Dependents/Children (if applicable):

Name, DOB, Age, Relation

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

**The program for which you are requesting assistance** (Summer Camps, Vacation Camps, Play Me a Story, Classes, 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 \_\_\_\_\_

**III**

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

Wages (before taxes, ect taken out) \$ \_\_\_\_\_  
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 contributing guardians or adult household members who are working are asked to submit a copy of check stubs from the last three weeks.**

**IV**

Total current value of any accounts (investment, checking, and retirement):  
\$ \_\_\_\_\_

**V**

**What do you feel you could contribute, if any, to the cost?**

\$ \_\_\_\_\_

**VI**

Have you received financial assistance in the past from Portland Stage Company?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

**VII**

**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 Director

Portland Stage Company

P.O. Box 1458, Portland, ME 04104