nd Stage Company Financial Assistance Form for In-Theater Programs ation Date	
	
of Dependent Child that would benefit from this assistance:	
ant's Name	
Relationship to participant	
Primary Phone Number	
Email	
Address	
Applicant's Employer(s)	
on Public assistance? Please check the appropriate item and submit a cocard or other verification: _AFDC EAEDC Veteran's Benefits Stamps Other	py of
StampsOther	
nere 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	n III
inio included below Sending separate form	
Name of additional contributing adult(s) (if applicable)	
Employer(s)	
, , , , , ,	
	
or have them fill out their own form. Info included below Sending separate form Name of additional contributing adult(s) (if applicable) Primary Phone Number Email Address Employer(s) anal Household Members and/or Dependents (if applicable): Age (if under 18), & Relation ogram for which you are requesting assistance (Summer Camps, Vacatios, Play Me a Story, Classes, etc.)	

II		
` ` `		ne and amount received each month)
Wages (before taxes, ect taker	n out) \$	
SSI	\$ _	
AFDC		
Jnemployment		
Disability	\$	
Child Support Income		
Total Monthly Income		
	_	ource of income you are receiving (as
-		is or adult household members who are
working are asked to submit	a copy of cl	neck stubs from the last three weeks.
V		
•	unts (investn	nent, checking, and retirement):
		
_		
V		_
What do you feel you could o	contribute, if	any, to the cost?
		
VII		
The statements and respons	es I have giv	en are true and correct.
Applicant's signature:		
Please return this form and ne	•	
	rector & Julia	nne Shea, Education Administrator
Portland Stage Company		
OO Boy 1458 Portland ME 0	4104	