

Financial assistance is available for S.T.A.R. tuition. Awards are made on a sliding scale based on income and the additional criteria requested in the information below. Please complete one form per child. Attach this form to the S.T.A.R. registration form and send or fax completed for to: Capital Repertory Theatre, 111 North Pearl Street, Albany, NY 12207. Attn: Education Program Manager. Phone (518) 462-4531 x410.

Name of Student: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Parent/Guardian's Name: \_\_\_\_\_

Contact Phone Number: (    ) \_\_\_\_\_ Work Phone Number: (    ) \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Place(s) of Employment: \_\_\_\_\_

Total Number of People in Household (please check one):  
 1  2  3  4  5  6  7  8+    Number of adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Total Annual Household Income (please check one):  
 Below \$10,000     \$10,000-\$20,000     \$20,001-\$30,000     \$30,001-\$40,000  
 \$40,001-\$50,000     \$50,001-\$60,000     \$60,001-\$70,000     \$70,001-\$80,000     \$80,001 +

Please indicate all sources of income:  
 Child Support     Disability     Salaries     Social Security     Other: \_\_\_\_\_

Please explain any unusual family expenses (medical, unemployment, death, emergency situations, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Did your child participate in the most recent S.T.A.R. program?     Yes     No

Was your child previously awarded any financial assistance for S.T.A.R.?     Yes     No

Amount of S.T.A.R. tuition:    \$ \_\_\_\_\_

How much of the S.T.A.R. tuition can your family pay?    \$ \_\_\_\_\_

Balance (Financial Assistance Requested):    \$ \_\_\_\_\_

Signature of Person Submitting Form \_\_\_\_\_ Date \_\_\_\_\_

Do Not Write Below This Line

Office use only:

Date: \_\_\_\_\_ Int: \_\_\_\_\_