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10 West Dorrance St., 4th Floor
Kingston, PA 18704
570-714-2787

PHCA Session Scholarship Application

Date: _____

Father's Full Name: _____

Mother's Full Name: _____

Address: _____

City, State: _____

Zip Code: _____

Phone Number: _____

Cell Phone: _____

Please complete the sections below:

<u>Child's Name</u>	<u>Age</u>	<u>School Grade</u>	<u>Session: Summer, I, II, III, IV, V</u>

Father's Occupation: _____

Father's Employer: _____

Mother's Occupation: _____

Mother's Employer: _____

Marital Status: ____ (Single) ____ (Married) ____ (Divorced) ____ (Widowed)

Has your child(ren) attended a session before? ____ Yes ____ No

If Yes, Please complete below information:

<u>Child's Name</u>	<u>Session: Summer, I, II, III, IV, or V</u>	<u>Scholarship amount awarded if any</u>

Has your child attended a theater workshop/program other than something at PHCA? ____ Yes ____ NO

If Yes, please complete:

Child's Name	Workshop/Program	Fee	Scholarship amount awarded if any

Please complete Income/Expense Chart:

<u>Income</u>	<u>Monthly Income</u>	<u>Yearly Income from Jan. 2015 – Dec. 2015</u>
Father's Income		
Mother's Income		
Stock/Bond Income		
Rent Income		
Interest Income		
Business Income		
Total Income		
<u>Expenses</u>	<u>Monthly Expenses</u>	<u>Yearly Expenses from Jan. 2015 – Dec. 2015</u>
Medical Bills *		
Alimony		
Auto Insurance		
Life Insurance		
Rent		
Mortgage		
Medical Insurance		
Business Loss		
Car Payments		
Loan/Credit Paybacks		
Utilities		
Cell Phone/Internet/Cable		
Misc. expenses		
Total Expenses		

Please provide a copy of last year's income tax return along with your W-2 form with this application

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