

Box 292 Irvington, NY 10533
914.400.7428 clocktowerplayers.com



Dear Parent,

Clocktower Players provides financial assistance to families in need through The Aidan Duver Memorial Scholarship Fund at Clocktower Players. The process is strictly confidential and we welcome all applicants.

Completed applications are due by:
September 1 for the FALL SEASON
January 1 for the SPRING SEASON
June 1 for the SUMMER SEASON

We urge you to complete and submit all forms. Incomplete applications will not be considered. Please read the information below in its entirety.

CLOCKTOWER PLAYERS FINANCIAL AID PROCESS

1. Complete and submit your Registration Form online at clocktowerplayers.com
2. Complete the Scholarship Application. Be sure to complete **all portions**. Incomplete applications will not be considered.
3. Make a photocopy of your most recently filed tax return (IRS 1040) pages 1 and 2, and schedule C.
4. Mail **(do not email or fax)** the completed Scholarship Application, Mandatory Registration Fees and tax documents to:
Clocktower Players Box 292, Irvington NY 10533
Attention: Scholarship Committee
5. Once you are notified by Clocktower Players that you have been granted a scholarship, you must reply in writing of your acceptance within one week to secure your spot in the program and maintain your scholarship for the season.

If you have any questions do not hesitate to contact us at troupes@clocktowerplayers.com

We look forward to seeing your child at Clocktower Players this season.

Sincerely,

Rene O'Neal & George H. Croom
Artistic Directors
Clocktower Players, Inc.

CLOCKTOWER PLAYERS - FINANCIAL AID APPLICATION

Student's Last Name _____ First Name _____

Gender _____ Age _____ Grade this year _____ School Attending _____

Address _____

City _____ State _____ Zip _____

SCHOLARSHIP REQUEST – complete all information

1. CTP Program in which you are enrolling:

[] Pre-Troupe [] Kids Troupe [] Jr Teen Troupe [] Teen Troupe [] Jr & Teen Troupe [] Summer Stage

Show Title(s): _____

2. Cost of program in which you are enrolling: _____

3. Amount of scholarship requested from CTP: _____

4. Have you received financial aid from CTP before? _____

5. If yes, when and how much? _____

6. Number of years your child has attended CTP, prior to this year: _____

PARENT #1	PARENT #2
Last Name:	Last Name:
First Name:	First name:
Email:	Email:
Cell #:	Cell #:
Work #:	Work #:
Address:	Address:
Occupation:	Occupation:
Title:	Title:
Employed by:	Employed by:
Years with company:	Years with company:
Annual Income:	Annual Income:

Parent's Marital Status _____ Student lives with _____ Total # of children in family _____

If student's parents are divorced or separated, is there any agreement specifying a contribution for this student's after school and/or summer educational enrichment expenses? ___ YES ___ NO

If yes, how much per year? _____

ALL APPLICANTS: Provide **current year** information below for all dependent children. LIST APPLICANT FIRST.

Name of Child	Age	School or College	Total Tuition	Scholarship Received	Paid by Parent

Provide information below for all dependent children for the PAST YEAR, other than CTP.

After School Enrichment & Summer Programs	# of Children attending	Total Cost	Aid Received	Paid by Parent

Provide anticipated information below for all dependent children for THIS YEAR, other than CTP.

After School Enrichment & Summer Programs	# of Children attending	Total Cost	Aid Received	Paid by Parent

ALL APPLICANTS please provide the following information:

Number of cars in the family: _____

Year _____ Make _____ Payment _____

Year _____ Make _____ Payment _____

Year _____ Make _____ Payment _____

Annual rent or mortgage payments on family residence: _____

Have you made any renovations to your home in the last two years? ____ YES ____ NO

If yes, please indicate, what, when and cost: _____

Did you or members of your family make any vacation trips during the past year? ____ YES ____ NO

If yes, please detail where, length of time, cost: _____

Are you able to commit to any volunteer services for Clocktower Players productions? ____ YES ____ NO

A project/job list can be seen online under Support Us for you to choose from and commit to by the start date of the program you are enrolling in.

Any other information you would like the scholarship committee to consider should be placed here or attached to this application. PLEASE PRINT CLEARLY.

TERMS AND CONDITIONS OF SCHOLARSHIP

Recipients of financial aid are expected to follow the same participation policy as paying participants. All rehearsals during the final week are mandatory. If scholarship recipient misses more than two rehearsals, he/she will not be allowed to participate in the performance, as per the standard CLOCKTOWER PLAYERS absentee policy. Absences due to illness must have a doctor's note.

☐ I agree. By checking here, you understand and agree to this policy.

I declare that all the information reported on this form, to the best of my knowledge and belief, is true, correct and complete.

Signature of parent _____ Date _____

The above information must be completed in its entirety. If any questions are unanswered or any documentation is not submitted, this application will be considered invalid, and will be returned to you.

_____ FOR OFFICE USE ONLY _____

Scholarship #	Scholarship Granted \$	Family Contribution \$
Notified ____/____/____	By Phone__ Email __ Letter ____	Accepted ____/____/____

Approved by _____ Date _____

Executive Director Approval _____