

Dear Parent or Guardian,

The Duluth Playhouse follows the requirements of the free and reduced meal plan for public schools as qualifying information for Playhouse scholarships. Scholarship applications must be received at least one week prior to class/camp/workshop registration deadline. Please fill out the attached form and return it to the Duluth Playhouse with the following:

- The student's school enrollment information, and complete contact information for your family.
- A note stating the class/camp/workshop for which you are requesting assistance.

If your family qualifies for a scholarship, the Playhouse will contact you as to the amount available. The number of people requesting assistance determines the amount available for individual scholarships. A typical scholarship is between 25% to 50% tuition remission, any remainder is due by the first class. Programs fill quickly, please return your application in a timely fashion, we won't hold spots for students till the award has been set.

We hope the scholarship program is helpful. Please call 218-733-7574 with any questions.

Sincerely,

Kate Horvath

Maximum Total Income

Household Size	\$ Per Year	\$ Per Month	\$ Twice Per Month	\$ Per 2 Weeks	\$ Per Week
1	21,590	1,800	900	831	416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66,656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
Additional	7,511	626	313	289	145



~ Scholarship Application

Please complete this page if your household income is within guidelines on cover page, or if you receive MFIP, Food Stamps or FDPIR benefits.

1. Name of all Children in household (excluding foster children)

Names of All Children in Household (except foster children)	Date of Birth	Grade (Pre-K - 12th)	School	Assistance/Case Number (Only MFIP or Food Stamps or FDPIR	Regular Income to Child*
1					
2					
3					
4					
5					
* Include only regular income gueb as					

^{*} Include only regular income, such as SSI and regular earnings from a part-time job. Do not include occasional earnings - babysitting, lawnmowing, etc.

2. List all Adults in the household and ALL INCOMES RECEIVED LAST MONTH. (Skip this section if all children applying above for benefits have assistance numbers.)

Monthly Incomes (received last month)**

	Gross				,	
Names of All Adults in Household*	Monthly Wages and Salaries From All Jobs	Veteran's Payments,	Unemployment, Workers' Comp, Strike Benefits		Net Farm or Self- Employment Monthly Income	Other Regular Monthly Income
1	0003	Occidi Occurry	Otrike Benefits	7 (III 11011y	meeme	moome
2						
2						
3						
4						
5						
6						

^{*} Include all related and unrelated people sharing housing and/or expenses, except children listed above. Include adults temporarily away, such as college students.

3. I certify that this information is true and correct. Because federal and state funds may be paid on the basis of this information, I understand that organizational officials may verify the information and that deliberate misrepresentation may subject me to prosecution under applicable laws. I will notify the organization immediately if: 1) any child listed above with an assistance number no longer receives benefits; or 2) our total household income increases beyond more than \$50/month; or 3) the total number of adults and children in our household decreases.

X					
Signature of Adult Household Member	Social Security Number		Date		
Print Name	Home Phone	Work Phone		_	
Address	City	State	Zip Code	_	

^{**} For wages and salaries, show gross earnings before any deductions. For farm or self-employment only - show net income after business expenses, but before taxes. To determine a monthly amount, multiply a weekly income by 4.33 or an every other week income by 2.15 or a twice-per-month income by two. Divide a yearly income by twelve.