



Scholarship Application

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, and we won’t hold spots for students until the award has been set.

We hope the scholarship program is helpful. Please call the box office 218-733-7555 with any questions, or email aburns@duluthplayhouse.org

Sincerely,

Amber Burns

Artistic Director of the Family Theatre and Education Programming

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 |

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 | | | | | |
| 6 | | | | | |

* Include only regular income, such as SSI and regular earnings from a part-time job.

2. List all Adults in the household and ALL INCOMES RECEIVED LAST MONTH.

Monthly Incomes (received last month)**

| Names of All Adults in Household* | Gross Monthly Wages and Salaries From All Jobs | Pension, SSI, Retirement, Veteran's Payments, Social Security | Unemployment, Workers' Comp, Strike Benefits | Public Assistance, Child Support, Alimony | Net Farm or Self-Employment Monthly Income | Other Regular Monthly Income |
|-----------------------------------|--|---|--|---|--|------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

* Include all related and unrelated people sharing housing and/or expenses, except children listed above.

** 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.



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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.

Name (s) of Student Applying for Scholarship: _____

Class(es) Students would like to attend: _____

X _____
Signature of Adult Household Member Print Name Date Signed

Email: _____ Social Security # _____

_____ _____ _____
Address State Zip Phone
