

# Guidelines for Financial Assistance Tacoma Musical Playhouse



## **OVERVIEW**

Financial assistance will be awarded to applicants based upon the available resources of Tacoma Musical Playhouse. TMP will make every effort to provide services for any youth who desires to participate in TMP Education Programs, regardless of ability to pay the full tuition or program fees. TMP is committed to providing financial assistance to families and individuals in need. Financial assistance is available on a sliding scale according to family size and income for nearly all of our education programs.



While we are a not-for-profit organization, we depend upon tuition, program fees and donations as well as volunteers to help maintain our services. We are committed, to the best of our ability, to serve everyone regardless of their income, but we do expect participants to pay a fee based upon their financial ability. We strongly urge all applicants to be honest and disclose all household income, as any deception will result in disqualification from the financial aid program for at least one year.

## **APPLICATION PROCESS**

Financial assistance applications are processed in the order received. Scholarship awards are limited and may vary in award amount. Eligibility for financial assistance is based on need. Information provided in this application will be kept confidential. After your scholarship is processed, you will receive notice of approval or denial via postal mail or email with further instructions on how to accept your award. Completion of this application does not guarantee an award will be granted. All decisions regarding financial assistance/scholarships are at the sole discretion of Tacoma Musical Playhouse. If you have further questions, you may contact the Box Office at (253) 565-6867.

## **ELIGIBILITY**

1. Applicants will submit a completed financial assistance application form and all requested information and documentation needed for their application.
2. Assistance will be granted on the basis of demonstrated financial need. Need is determined through the amount of immediate dependents in the household, the total household income, and cost of living responsibility (those not burdened with rent or a mortgage will be assigned an in-kind living amount).
3. Full disclosure on income verification is required - any deceptions will result in an automatic disqualification for the financial assistance program.
4. Financial assistance is TEMPORARY and applies only to individual camp/academy session that you indicate in the application. An application update is required for each additional camp/academy during that season. A new application must be submitted each season.

## **EXPECTATIONS - CAMP TMP PROGRAMS**

1. A financial assistance application does not reserve a space in a camp/academy session. A space is reserved only after a CampTMP or Registration Form and deposit has been received.
2. CampTMP financial assistance applies to the cost of the camp session only. Tuition balance must be paid in full before the first day of camp/academy.
3. Financial assistance participants have the same privileges as a full paying camper, and are expected to abide by the same policies and rules every participant accepts when using the facility.

*While we are a not-for-profit organization, we depend upon tuition, program fees and donations as well as volunteers to help maintain our services. We are committed, to the best of our ability, to serve everyone regardless of their income, but we do expect participants to pay a fee based upon their financial ability. TMP financial assistance will be awarded to applicants based upon the available resources of the organization.*

### **Optional Information**

For the purposes of reporting information about the students who participate in our programs to our funders (such as foundations) we also receive grants and scholarships based on this information in some cases. Which race/ethnicity best describes this student? Please choose one:

- American Indian or Alaskan Native,  Asian / Pacific Islander,  
 Black or African American,  Hispanic American or Latino,  
 White / Caucasian,  Multiple Ethnicity or Other

# 2018-2019 Scholarship Application



**Student must either be registered or registration must be attached.** For consideration of a scholarship, please fill out this form as completely as possible and return to:

Scholarships, Attn: Box Office, 7116 6th Ave,  
Tacoma, WA 98406

Or *email* form to: [boxoffice@tmp.org](mailto:boxoffice@tmp.org)

For more information, call us at 253-565-6867 or visit us online at [www.tmp.org](http://www.tmp.org)



## SECTION A: Student Information

## APPLICATION

Please Print Clearly

Student Name \_\_\_\_\_ Student's School—'18-'19 School Year \_\_\_\_\_  
 Student age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade - '18-'19 School Year: \_\_\_\_\_ Student Gender:  Male  Female

## SECTION B: Parent Information

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 ( \_\_\_\_\_ ) ( \_\_\_\_\_ )  
 Phone # (Home) \_\_\_\_\_ Phone # (Work) \_\_\_\_\_

## SECTION C: For which program are you applying with this application:

- |   |   |
|---|---|
| <input type="checkbox"/> 2018 Fall After-School or Homeschool Academy (Sept-Nov)    | <input type="checkbox"/> 2018 Winter Break <b>Camp TMD</b> (Dec 2018)         |
| <input type="checkbox"/> 2019 Winter After-School or Homeschool Academy (Jan-Mar)   | <input type="checkbox"/> 2019 Spring Break <b>Camp TMD</b> (March-April 2019) |
| <input type="checkbox"/> 2019 Spring After-School or Homeschool Academy (April-Jun) | <input type="checkbox"/> 2019 Summer <b>Camp TMD</b> (July-August 2019)       |

Do you receive Free or Reduced lunch through your schools?  Free  Reduced  N/A  
*Documentation is required.*

**If you answer Free or Reduced, skip to SECTION F on the next page. If not, continue with SECTION D below.**

## SECTION D: Income (Gross monthly income for HOUSEHOLD)

**Minimum of two (2) current months verification is required. Hard Copies Must be Attached.**

Individual Name	Type of Income	Gross Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
		<b>Total \$ _____</b>

## SECTION E: Expenses

Housing / Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_ Food \$ \_\_\_\_\_

- Extenuating Circumstances (\* Include documentation)**

	Monthly Amount
• Extensive Medical Bills (Hospital / Doctor / Prescriptions)	\$ _____
• Other: _____	\$ _____
- Do you anticipate any changes in your situation that may impact your need for financial assistance?  
 \_\_\_\_\_

