



# Summer Youth Conservatory

4350 EAST 7<sup>TH</sup> STREET  
LONG BEACH, CA 90804-5546  
(562) 856-1999  
www.musical.org



Youth Theatre Co.

## Financial Assistance Application

Summer Youth Conservatory is a nonprofit theatrical training and producing program for youth aged 8-18.

Our goal is to work with the diverse youth population in Long Beach

and bring them together with theatre professionals to learn and build on their skills.

With these goals in mind, we are pleased to offer a financial assistance program funded by our generous donors.

Please submit this form and a personal statement describing your situation for needing assistance.

All applications are reviewed by SYC staff and kept confidential and secure.

**Please fill in this form, save as a new document and email to [Education-Outreach@musical.org](mailto:Education-Outreach@musical.org)**

Performer's Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Best Phone# to contact \_\_\_\_\_  Home  Work  Cell

Best Email to contact \_\_\_\_\_

Assistance Program Selection In order to foster a sense of ownership in the conservatory and production, **You are asked to pay a portion of the participation fees.** Participation fees will cover instruction, costumes, T-shirts, insurance, materials, and general production costs.

### Full Day Program

### ½ Day Program

I am applying for:

\_\_\_\_\_ \$400.00 assistance, I will pay \$150.00      \_\_\_\_\_ \$200.00 assistance, I will pay \$100.00

\_\_\_\_\_ \$200.00 assistance, I will pay \$350.00      \_\_\_\_\_ \$100.00 assistance, I will pay \$200.00

\_\_\_\_\_ \$100.00 assistance, I will pay \$450.00      \_\_\_\_\_ \$50.00 assistance, I will pay \$250.00

\_\_\_\_\_ I wish to discuss a payment plan for my child's participation fees

Statement of Understanding **Please read and initial each statement and sign at bottom** that you understand.

Financial assistance availability is very limited

\_\_\_\_\_ I understand that financial assistance is made possible through the generosity of donors.

\_\_\_\_\_ I understand I must submit this form and a personal statement to be considered for assistance.

\_\_\_\_\_ I understand that financial assistance will be awarded subject to available funds and eligibility. And that not all applicants will receive assistance.

\_\_\_\_\_ I understand that every participant is treated equally, regardless of whether or not they receive financial assistance.

\_\_\_\_\_ I understand my application will be reviewed by a staff member appointed by SYC and personal information will be kept confidential and secure

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_