

## Financial Support Application

***Before you proceed, please consider the intention of our scholarship program, which was created to amplify access for those who hold marginalized identities and those experiencing significant financial hardship. If neither of those qualifications apply to you, please consider other payment options prior to applying. Many of our programs include the option to pay over time.***

- I am a black, and/or Indigenous person of color.
- I have another marginalized identity such as disabled, LGBTQIA+, neurodiverse, living in a larger body, immigrant, senior, etc.
- I am experiencing financial hardship and I do not have the funds to have my child(ren) participate in programming without a scholarship.

Financial support is available at The Rose Theater for education programs, classes, and camps. Financial support is awarded by a committee, based on individual family need and available Rose Theater resources. Parents will be contacted by email, regarding the status of financial support and next steps. Eligibility requirements for financial support include:

- 1) The most recent tax return form. Or:
  - a. One month of paycheck stubs/vouchers
  - b. Current statement of award or benefits or other public assistance
  - c. Most recent unemployment check stubs
  - d. One month of bank statements
  - e. If you feel that you have extenuating circumstances not evidenced by the above information, you may email a statement explaining your current situation to Julie Walker, at [juliew@rosetheater.org](mailto:juliew@rosetheater.org)
- 2) The completed application form. [Page two of this document.]
- 3) Following the award, a signed agreement for any fees to be paid by the family.

For any questions, please call (402) 502-4622 or email [juliew@rosetheater.org](mailto:juliew@rosetheater.org)

The completed application must be returned at least four weeks prior to the start date for:

- **Year-Long Classes**
- **Summer Camps**
- **Classes/Summer programs in progress**

Return by mail to:

Doriette Jordan

The Rose Theater

2001 Farnam Street

Omaha, NE 68102

Application can also be emailed to [juliew@rosetheater.org](mailto:juliew@rosetheater.org)

# The Rose Theater Financial Support Application 2021/2022

Return completed applications to:

**Julie Walker**  
**The Rose Theater**  
**2001 Farnam Street**  
**Omaha, NE 68102**

## STUDENT'S INFORMATION:

PARENT/GUARDIAN FIRST NAME: \_\_\_\_\_ PARENT/GUARDIAN LAST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

PARENT/GUARDIAN EMAIL ADDRESS: \_\_\_\_\_

• STUDENT'S FULL NAME: \_\_\_\_\_ STUDENT'S PRONOUNS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE & GRADE: \_\_\_\_\_

• STUDENT'S FULL NAME: \_\_\_\_\_ STUDENT'S PRONOUNS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE & GRADE: \_\_\_\_\_

• STUDENT'S FULL NAME: \_\_\_\_\_ STUDENT'S PRONOUNS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE & GRADE: \_\_\_\_\_

## CLASS/CAMP/MEMBERSHIP INFORMATION:

SUMMER CAMP

CLASSES

BRIGADE

ROSE DANCE PROJECT

SEASON MEMBERSHIP

NAME OF CLASS/CAMP: \_\_\_\_\_ CLASS/CAMP LOCATION: \_\_\_\_\_

COST OF CAMP/CLASS/MEMBERSHIP: \$ \_\_\_\_\_ AMOUNT OF ASSISTANCE REQUESTED: \$ \_\_\_\_\_

ANNUAL INCOME: \$ \_\_\_\_\_ QUALIFY FOR FREE/REDUCED LUNCH:  YES  NO

TOTAL # OF PEOPLE IN THE HOUSEHOLD: \_\_\_\_\_ EMPLOYER/OCCUPATION: \_\_\_\_\_

REASON FOR ASSISTANCE : \_\_\_\_\_

I hereby submit this application for my child for The Rose Theater and agree to the requirements outlined on the cover page.

X: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

### *The following to be completed by The Rose Theater:*

Amount of Assistance Awarded: \$ \_\_\_\_\_

Notification sent to family: \_\_\_\_\_

Payment made to The Rose: \_\_\_\_\_

Amount to be paid by family: \$ \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Date payment is due to The Rose: \_\_\_\_\_