

Financial Support Application

It is our goal to ensure that all children have access to the arts regardless of race, ethnicity, religion, abilities, gender, or the ability to pay. To help make this happen The Rose offers financial support for education programs, classes, camps, and memberships to parents or guardians who would like to request financial support. This support is offered through scholarships, financial assistance, or the option to pay overtime.

Eligibility requirements for financial support:

1. Verification of current income.
2. A brief statement sharing why assistance is requested.
3. Completion of the application form (page 2 of this document).
4. Following the award, a signed agreement outlining any fees to be paid by the family.

The completed application must be returned at least four (4) weeks prior to the start date for:

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

For any questions, please call (402) 502-4635 or email janellek@rosetheater.org

Return by mail to:

Janelle Kupka
2001 Farnam Street
Omaha, NE 68102

Application can also be emailed to
janellek@rosetheater.org

The Rose Theater Financial Support Application

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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 #1 FULL NAME: _____ PRONOUNS: _____ BIRTHDAY: _____ <small>MONTH DAY YEAR</small> GRADE: _____ AGE: _____ SELECT ONE: <input type="checkbox"/> Summer Camp <input type="checkbox"/> Classes <input type="checkbox"/> Brigade <input type="checkbox"/> Rose Dance Project <input type="checkbox"/> Season Membership CAMP/CLASS: _____ <small>CAMP/CLASS NAME CAMP/CLASS CODE</small> LOCATION: _____ COST OF CAMP/CLASS/MEMBERSHIP: \$ _____ AMOUNT OF ASSISTANCE REQUESTED: \$ _____

STUDENT #2 FULL NAME: _____ PRONOUNS: _____ BIRTHDAY: _____ <small>MONTH DAY YEAR</small> GRADE: _____ AGE: _____ SELECT ONE: <input type="checkbox"/> Summer Camp <input type="checkbox"/> Classes <input type="checkbox"/> Brigade <input type="checkbox"/> Rose Dance Project <input type="checkbox"/> Season Membership CAMP/CLASS: _____ <small>CAMP/CLASS NAME CAMP/CLASS CODE</small> LOCATION: _____ COST OF CAMP/CLASS/MEMBERSHIP: \$ _____ AMOUNT OF ASSISTANCE REQUESTED: \$ _____

TOTAL COMBINED COST OF
CAMP/CLASS/MEMBERSHIP:
\$ _____

TOTAL COMBINED 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 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: YES NO Initials: _____ Date: _____
 Payment made to The Rose: YES NO Initials: _____ Date: _____
 Amount to be paid by the family: \$ _____ Date payment is due to The Rose: _____

The Rose Theater
2001 Farnam Street
Omaha, NE 68102

(402) 345 - 4849

www.rosetheater.org

