## PENNSYLVANIA YOUTH THEATRE - SUMMER CAMP 2025 SCHOLARSHIP APPLICATION

Studer	nt Applicant's Name	Age Date of Birth	
Home	Address	County of Residency	
City		State ZipE-mail Address	
Grade	School	School District	
Names	s of Parents/Guardians		
Phone	e/s	Alternate Phone/s	
		funding for any program or school (other than at PYT) in which they are involved?	
		If yes, please write and attach a paragraph commenting on what PYT classes have done fo	
		a paragraph about why PYT is important to them.	
Marital	I Status of Parent/s: ☐ married	□divorced □separated □single	
Who d	loes the applicant live with?	Nother & Father (50%-50%) ☐Mother (more than 50%) ☐ Father (more than 50%) Other	
FINA	NCIAL INFORMATION:		
1. Fa	ather/guardian's Job Title	Employer:	
		Employer:	
3. Tota	al family yearly Income 2023	2024 Number of Dependents listed on IRS form 1040 2023 2024	
4. Did	the family receive any state or	federal assistance listed in the last year? Check any that apply:   Food stamps	
□WI	C Supplemental Security Incor	ne	
5. List	t any unusual family expenses	n the past year (such as medical expenses or child support)	
6. Do	oes the family	their home? Does the family live in subsidized housing?	
7. Dio	d the applicant (student) file an	ncome tax form 1040 in 2024? If yes, how much did the applicant earn?	
8. Ple	ease list any non-reportable inc	ome (amount and source), such as child support or any state or federal non-taxable income.	
STUD	ENT INFORMATION:		
1. If th	e applicant has been a student	at PYT, for how many years?	
2. Plea	ase list prior performing arts exp	erience (List school, classes taken & # of years)	
3. Ple	ease list any other performing a	ts classes the applicant plans to enroll in this year. (List school and class/es to be taken)	
	<u> </u>	oplicant, please list his/her name.	
		you must attach the following items to this completed, signed scholarship application form:	
		YT Summer Camp Registration form first-year registration fee and/or \$25 per week (of camp) deposit	
3.	3. A copy of parent/guardian's most recent 1040 (pages 1 & 2, plus Schedule C, D, E, or F if applicable)		
4. 5.	A copy of the student's most r	ecent 1040 (pages 1 & 2) (if applicable) ur 2024 IRS Tax transcript. You can request a tax transcript by calling 800-908-9946 or by visiting:	
	www.irs.gov/Individuals/Order-a-Transcript		
		ax return within the last year, please provide proof of assistance or supplemental income.  t be considered, and students will not be registered for class.	
PLEAS	SE NOTE: DETERMINATIONS	-	
		Date	
PAKEI	N I/GUARDIAN SIGNATURE _	Date	
	Data received	FOR OFFICE USE ONLY	
		Date complete: Date notified: By: on _ registration _ financial info	
	Acceleda applicati	Togodadon   manoarmo   mo vomed by	

Proof of assistance or supplemental income must be provided by a state or federal agency.

The following forms are acceptable for verification:

- □ Award letter for free/reduced school lunch and/or food stamps.
- □ Notice of UC determination proof of Unemployment Compensation Benefits.
- □ Proof of Social Security benefits (SSA Benefit Statement or SSA 1099) Proof of disability pay (SSI).

**Verification of Non-filing,** proof from the IRS that you **did not** file a return for the year. The letter can be procured immediately by visiting our local Bethlehem IRS branch on Broad Street. No appointment is necessary to obtain a non-filing letter. The IRS local office is located at 3 West Broad Street, Bethlehem. Hours: 8:30-4:30 M-F

https://www.taxoffices.org/pennsylvania-tax-offices/bethlehem-pa-tax-office-3-w-broad-st-18018-irs-tax/

UNACCEPTABLE for verification: W-2 forms, paycheck stubs, bank statements, Access medical card, WIC card.