



Child's Name: _____

ZGYPT Financial Aid Application

for First Steps, Children's and Youth Theatre, and Film Workshops at Portage Center for the Arts

Financial Aid is determined based on proof of financial need and may be awarded in full or in part. No one is denied access to the program due to verifiable financial burden. Requests may be denied if the class is at capacity, under-enrolled and therefore not running, any documentation is missing, or if the applicant does not financially qualify or meet all deadlines. We are happy to make copies for you, if needed. *Please note: Financial information will be kept confidential, and will only be used for purposes related directly to processing the Financial Aid Application for ZGYPT programs.*

Applications will be processed in the order they are received. Financial Aid will be determined at least one week prior to the start of class. **Financial Aid Application deadline is May 31 for all workshops. No late applications will be considered.**

Financial need is determined by the Household Size Income Scale for USDA Nutrition Programs.

- Enclose a **current copy of your child's eligibility for free/reduced school lunch.**
- If you cannot provide a copy of your family's eligibility for free/reduced school lunch, submit a **tax return form for your entire household (must be current.)** (*W-2's will NOT be accepted*)

Circle Financial Aid Type Requested: Full (**Requires supply fee payment of \$20**) Partial

Amount Contributing: \$ _____

Total 2024 Gross Family Income: \$ _____ No. of family members living in your home: _____

Parent/Guardian Signature: _____ Date: _____

Return this form, supporting document and your registration to:

**PCA, 301 E. Cook St, PO Box 866,
Portage WI 53901.**

Questions? Call 608-742-5655, or email info@portagecenterforthearts.com. Thank you for your interest in ZGYPT!

FOR OFFICE USE ONLY: Application Received on: _____ Workshop Application?

Free Lunch? Reduced Lunch? Household Tax Return?

Confirmation/Denial sent (date & route) _____ Approved/Denied by: _____

Notes:



Address: 301 E. Cook St. | P.O. Box 866 | Portage, WI 53901
 Phone: 608- 742-5655
 Email: info@portagecenterforthearts.com
 Website: www.portagecenterforthearts.com