



Financial Aid Application

Please complete form and email to cd@theatrewesternsprings.com or fax to 708-246-4015. Or return by mail to 4384 Hampton Ave, Western Springs, IL 60558.

Parents Names: _____

Address: _____ City: _____ Postal: _____

Email: _____ Phone: _____

Students Name(s):

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

_____ Age: _____ Grade: _____

Number of persons in your household: _____ Current Annual income (gross): _____

What other extracurricular does your child(ren) participate in?

Parent Info: [] I am able to volunteer in the Western Springs office. [] I can volunteer on a production team.

I am seeking a: [] 25% off scholarship [] 50% off scholarship [] 75% off scholarship [] Full Scholarship

Student Section:

Why would you like to attend CTWS?

What class/camp are you applying for:

Additional Info:

Additional Documents: You must include a copy of the front page of current tax form (1040) and accompanying W2 or copy of schedule C. Your application will not be reviewed until all documents are received. Please allow a minimum of 1-3 weeks to process.