

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:

ZIP:

Email:

Phone:

Students Name(s)/Grades/Ages:

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/Reason for Financial Request:

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 3-4 weeks to process.