



Financial Aid Application

Please complete form and email to ctws@theatrewesternsprings.com or fax to 708-246-4015. Or return by mail to CTWS, 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 seeking a: [] 25% off scholarship [] 50% off scholarship
[] 75% off scholarship [] Full Scholarship

Student Section:

Why would you like to attend CTWS? Which class are you interested in?

Additional Documents: You must include a copy of the front page of current tax form (1040) and accompanying W2 or copy of schedule C.