



Youth Academy of Dramatic Arts

8115 West Third Street Second Floor

Los Angeles, CA 90048

Phone (323) 655-9232

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yada.org



Application for Financial Aid: SUMMER 2019

Application is due 10 days after registering

Date: _____

Student's Name: _____ Parent's Name _____

Student's Age: _____ Student's Grade in School when session begins: _____

Student's School that will be attending when school begins: _____

Home Address: _____
Street Apt. # City State/Zip

Home Phone: _____ Work phone: _____

Session for which you are applying for aid: YADA Summer 2019

Please list which camp you would like to apply for. Please note that this does not guarantee that you will be granted a scholarship to that particular camp. We do everything we can to assign you to the camp you are requesting, but we cannot guarantee enrollment.

Camp: _____

Please answer the following questions as completely as possible.

Please check the bracket that most closely approximates your household's income:

- | | |
|-------------------|-----|
| \$0 - \$20,000 | [] |
| \$20 - \$40,000 | [] |
| \$40 - \$60,000 | [] |
| \$60 - \$80,000 | [] |
| \$80 - 100,000 | [] |
| \$100 - \$150,000 | [] |
| \$150 - \$200,000 | [] |
| Above \$200,000 | [] |

How many dependents, other than the student listed above, reside in your household? ____

Are any of these dependents attending private or secondary school? If so, please list the student's name and the school he or she is currently attending.

School Name: _____ Phone # _____

School Address: _____
Street City State/Zip

Please list any other dependents' schools: _____

If you attend a private school, are you currently on scholarship? If so, what percentage of your tuition are you on scholarship for?

Are you a new or returning student?

Have you ever been on scholarship at YADA before?

If so, what shows were you on scholarship for and how much were you granted for each show?

Please list any outside sources of income you may receive throughout the fiscal year:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list any special circumstances as to why you are requesting financial aid:

Are you applying for? ____ Full Scholarship ____ Partial Scholarship

If you are applying for a partial scholarship, how much do you feel you are able to pay?

Please enclose copies of your two most recent tax returns along with any related correspondence regarding household / personal income.

The questions have been answered to the best of my knowledge. I believe the above statements to be true.

Name: _____ Date: _____

Relation to the applicant: _____

FOR OFFICE USE ONLY

APPROVED DENIED

Approved by: _____

Class student is approved for: _____

Amount of scholarship awarded: _____