



SCHOLARSHIP PROGRAM GUIDELINES

Studio Scholarships provide professional musical theatre programming for all children, regardless of socioeconomic background. Scholarships were developed to assist children who have the desire to participate at Casa Mañana Studios but whose families are not able to provide financial support.

Typical Family Profile but not limited to:

- Average annual income of \$25,000 or less.
- Special Circumstances such as unusual expenses, loss of job, loss of spouse, major medical expenses, Single parent, multiple children etc.

APPLICATION INFORMATION

Application for a Scholarship is a two-step process. First, applicants must submit documentation to verify financial status. If it is determined that the applicant's family meets the financial requirements, the applicant will then be scheduled for the audition portion of the process. Both are required to receive a scholarship.

Applicants and their families must provide the following documentation for pre-qualification:

- A completed Financial Aid application.
- If applicable, completed Special Circumstances form.
- Most recent tax return and two most recent pay stubs.
- Letter of Recommendation from an adult who works with child. (Teacher, musical director, etc)
- The applicant should prepare one of the following for the audition:
 - a monologue or poem of less than one-minute
 - a dance (one minute in length)
 - a verse and chorus of a song

The award of the Scholarship is based primarily on financial circumstances, but the committee also considers past history of Casa Scholarship usage, family commitment, and standing of applicant when last participating in Casa Mañana Studio programming.

UPON ACCEPTANCE IN THE STUDIO SCHOLARSHIP PROGRAM:

The family will receive written notification of the amount of the scholarship and the term of the award. In the event of partial scholarship, the family will also receive the balance due for the tuition. The family will be enrolled in the programming upon receipt of registration form, payment of the applicable scholarship fee and payment of balance due (if applicable).

Scholarship Fees:

- Camp Casa Jr - \$50
- Camp Casa - \$100
- Semester Long Studio Classes - \$50
- Yearlong Studio Classes - \$200 (fee may be spread out through a payment plan)

If a family receives more than one scholarship from Casa Mañana Studios for multiple performers, the subsequent Scholarship fee for each additional performer will be:

- Camp Casa Jr - \$25
- Camp Casa - \$50
- Semester Long Studio Classes - \$25
- Yearlong Studio Classes - \$100 (fee may be spread out through a payment plan)

OTHER IMPORTANT INFORMATION

- Applicants who qualify financially must participate in an audition.
- Casa Mañana Studios does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, sexual orientation or any other characteristic protected by the law.
- Full or partial financial support may be awarded.
- Scholarships will not be awarded to applicants with outstanding balances at Casa Mañana.
- The applicant will not be considered registered for programming until receipt of the Scholarship Fee.
- Every applicant must reapply annually by submitting updated financial statements and by participating in an audition.

7. DEADLINES No Exceptions

- Camp Casa Jr – May 1, 2021
- Camp Casa – May 1, 2021
- Fall 2020 Semester Long Studio Classes – September 1, 2020
- Yearlong Studio Classes 2020/2021 – September 1, 2020
- Spring 2021 Semester Long Studio Classes – February 1, 2021

8. Casa Mañana reserves the right to withdraw the scholarship for the following reasons:

- No payment of required fees
- Excessive absences from programming as determined by programming staff
- Unacceptable behavior as determined by the Staff
- Unreliable support from family (such as not providing transportation)
- Other as determined by staff and committee

CASA MAÑANA STUDIOS SCHOLARSHIP APPLICATION

This application is strictly confidential. Only Casa Mañana staff will have access to this information.

STUDENT(S) INFORMATION:

Student 1: _____ Birth date: _____ Age _____

Scholarship requested for

- Camp Casa 2021
- Camp Casa Jr 2021
 - o Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____
- Yearlong Studio Classes
 - o Please list requested class(es): _____
- Semester Long Studio Classes
 - o Please list requested class(es): _____

Student 2: _____ Birth date: _____ Age _____

Scholarship requested for:

- Camp Casa 2021
- Camp Casa Jr 2021
 - o Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____
- Yearlong Studio Classes
 - o Please list requested class (es): _____
- Semester Long Studio Classes
 - o Please list requested class (es): _____

Student 3: _____ Birth date: _____ Age _____

Scholarship requested for:

- Camp Casa 2021
- Camp Casa Jr 2021
 - o Session 1 _____ Session 2 _____ Session 3 _____ Session 4 _____
- Yearlong Studio Classes
 - o Please list requested class (es): _____
- Semester Long Studio Classes
 - o Please list requested class (es): _____

Student Address: _____

City: _____ State : _____ Zip : _____

Ethnicity of applicant(s) (optional)

PLEASE CIRCLE ALL THAT APPLY:

African American

Asian American

Mexican American

Hispanic/Latino

Caucasian

American Indian

Other _____

PARENT INFORMATION:

Mother or Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email _____

Place of Employment: _____ Income of Mother: _____

Father or Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email _____

Place of Employment: _____ Income of Father: _____

FINANCIAL INFORMATION

A copy of your most recent Federal Tax Return and copies of two recent paycheck stubs must accompany this form.

1. How many people in the household with the applicant? _____

2. What is the gross monthly income from all sources in the household? _____

3. Do you rent or own a home: Rent Own

Monthly rent or mortgage payment: \$ _____

4. Are there any other sources of income to help offset the cost of tuition? ___yes ___ no

(Employer scholarship programs, family members, friends)

If yes, please provide name and contact information: _____

5. Is the family receiving any public assistance? ___Yes ___ No

6. Is the family receiving Food Stamps? ___Yes ___ No

7. Is the family receiving Rent Subsidy? ___Yes ___ No

8. Is the applicant receiving scholarships for education or training other than Casa Mañana Studios?

___Yes ___No If yes, where and for how much? _____

9. Is applicant receiving musical theatre or dance education or training outside of Casa Mañana Studios without scholarship assistance?

___Yes ___No If yes, where and for how much? _____

By signing this statement, parent or guardian agrees that all of this information is correct. Providing false information can result in the withdrawal of financial assistance. If you need to provide additional information about your circumstances, please use the back of this form or attach a letter of explanation.

Signature: _____ Date: _____

For office use only.

Application ___ Letter ___ Tax ___ Paycheck ___ Audition _____

FINANCIAL INFORMATION: SPECIAL CIRCUMSTANCES

This form is used to request a reevaluation of the information on the Application for a Studio Scholarship due to special circumstances. Your application will not be processed until Casa Mañana receives all supporting documents along with this form. Failure to furnish all required documentation will delay the review process and/or result in denial of your request. All Special Circumstances applications are reviewed and processed in the date and order in which they were received.

Indicate your special circumstances from the list below:

- A. Dependency Change Request
- B. Income Reduction
- C. Separation/Divorce
- D. Death of Family Member
- E. Unusual Expenses
- F. Parent in College

*Refer to the corresponding section for definitions and additional required documentation

A. Dependency Change Request

Dependency override request is reserved for students who have experienced an estrangement with both parents. Estrangement must be documented in detail by an independent third party. Renewal of a previous year dependency override is not automatic. The student must submit a Special Circumstance annually to document the estrangement has not changed.

Whom did you live with? _____

From ____/____/____ To ____/____/____

Additional required supporting documentation:

- Formal letter from person or organization that the student will be living with during his/her time attending CMS Programs
- Application and financial documents (Most recent tax return and two most recent pay stubs). Must be presented from the person who is taking care of the student.

B. Income Reduction

When considering income reduction, all family members must be reviewed.

Date income reduction occurred ____/____/____

Additional required supporting documentation:

- Termination/resignation letter from previous employer
- If terminated, benefit statement from Work Force Commission detailing benefits or statement detailing why you did not apply for benefits
- Copy of last pay stub documenting year-to-date earnings, for all family members
- I am including pay stubs for the following applicable members of my family. (*Dependent students, must submit parental pay stubs)
- All Federal tax returns and schedules for all family members

C. Separation /Divorce

After submitting application, parents divorced/separated from a spouse. As of: ____/____/____

Additional required supporting documentation:

- Copy of divorce decree and/or separation statement or pending divorce decree.

D. Death of Family Member

Additional required supporting documentation:

- A copy of death certificate or death notice.

E. Unusual Expenses

Additional required supporting documentation:

- Credit card or bank statement or receipts documenting unusual expenses paid out-of-pocket for:(a) elementary/secondary tuition costs, (b) medical/dental expenses that exceed 11% of your annual income and are not covered by insurance, (c) nursing home expenses not covered by insurance, or (d) unusually high dependent care expenses.
- Schedule A from IRS Form 1040 preferred to document medical/dental expenses paid out-of-pocket.

F. Parent in College

Date parent started attending or enrolling in college ____/____/____

Additional required supporting documentation:

- Documentation of parent's enrollment at least half-time (e.g. 6hrs) in a degree/certificate program at an eligible institution.

I certify that the information provided on this form is true and complete to the best of my knowledge, and I have provided all supporting documentation where applicable.

Signature: _____ Date: _____

For office use only.

Application ____ Letter ____ Tax ____ Paycheck ____ Audition ____