



### Request for Financial Assistance

\*Please fill out all fields

Date: \_\_\_\_\_

Name

\_\_\_\_\_

Name of Parent/Guardian (if a student)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

Are you new to Gas Lamp Players? \_\_\_\_\_

Show or program for which you are requesting assistance:

\_\_\_\_\_

Please briefly tell us why you are requesting financial assistance and what percentage of the tuition you are seeking to cover (use back if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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FOR GAS LAMP PLAYERS ONLY:      Date: \_\_\_\_\_

Resolution: \_\_\_\_\_

Reviewed by: \_\_\_\_\_