



Financial Assistance Application

Due: October 1, 2017

CONTACT INFORMATION:

Applicant's Name:

Address:

Preferred Phone:

Alternate Phone:

Email Address:

ABOUT THE STUDENT:

This Request is for (Student's name):

How many years has the student been enrolled in CTP?

What classes did the student take last year?

Previous year's tuition

\$

What classes is the student registering for this year?



322 W 45th St, NYC 10036



37 W 65th St, 3rd Fl NYC 10023

LIST ALL HOUSEHOLD MEMBERS (including applicant)

	<i>First Name</i>	<i>Last Name</i>	<i>Relationship</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please share with us your need for financial assistance:

My household income for the past fiscal year was:

\$ _____

** Priority will be given to students who have trained with the Children & Teen Program for at least two years.