



Application for Financial Support

Part I. Program Information

Program for which financial support is requested? Atlanta Philadelphia

How much financial support is requested? \$_____

Part II. Attendee Information

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yy): ____ / ____ / ____

Attendee primarily resides with (check all that apply)

- Father Mother Stepfather
 Stepmother Male guardian Female guardian

Is the attendee receiving additional financial assistance? Yes No

If Yes, how much: \$_____

Is financial support from BDF necessary for the attendee's participation? Yes No

Are there related financial needs other than tuition assistance (e.g. transportation to/from camp)?

- Yes No

If Yes, please describe: _____

Part III. Parent or Guardian Information

Parent/Guardian #1

Name: _____ Age: _____

Relationship to attendee: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Title: _____

Employer: _____ Years with current employer: _____

- Part Time Full Time



Application for Financial Support

Parent/Guardian #2

Parent/Guardian #1

Name: _____ Age: _____

Relationship to attendee: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Occupation: _____ Title: _____

Employer: _____ Years with current employer: _____

Part Time Full Time

Do(es) the parent(s)/guardian(s) listed in 9 & 10 share custody of attendee with a parent/guardian not listed above? Yes No

If Yes, provide information for additional guardian(s) for all questions in Parts III & IV.

Part IV. Parent(s)/Guardian(s) Income Information

How many dependents did you (or will you) claim for the return provided? _____

How many dependents, including the attendee, reside in your home and/or are receiving support from you in 2009? _____

What amount of your income will be spent on childcare or tuition for your dependant(s)?

Please bring a copy of your 2008 or most recent tax return to the scholarship audition on May 16th - Atlanta or June 27th - Philadelphia.

Part V. Unusual Circumstance or Expenses

Use the space below to explain any unusual circumstances or expenses you feel will enable The Broadway Dreams Foundation to make an accurate assessment of your financial situation. Be as brief as possible.



Part VI. Parent/Guardian Certification & Authorization

I/We declare that the information reported on this application is, to the best of my/our knowledge and belief, true, correct, and complete. We authorize its use by the Broadway Dreams Foundation for the purpose of determining financial assistance.

Guardian #1

Signature: _____ Date: _____

Guardian #2

Signature: _____ Date: _____

Please fax completed forms to 770.640.0898 or email ANNETTE@MYBROADWAYDREAMS.COM