

# TLC Student Application

## PURPOSE

The purpose of the Theatrical Learning Center is to create well-rounded, kind, and informed young theater artists. Only in the creation of an environment and culture where a learner can act true to themselves, can they be true to the craft of acting.

## STUDENT INFORMATION

FIRST:	LAST:	NICKNAME:
DOB:	GENDER:	ESE:
PHONE:	EMAIL:	

## PARENT/GUARDIAN INFORMATION (EMERGENCY CONTACT 1)

FIRST	LAST	RELATION:
CELL PHONE	HOME PHONE	WORK PHONE
HOME ADDRESS		
EMAIL ADDRESS		

## PARENT/GUARDIAN INFORMATION (EMERGENCY CONTACT 2)

FIRST	LAST	RELATION:
CELL PHONE	HOME PHONE	WORK PHONE
HOME ADDRESS		
EMAIL ADDRESS		

## ALLERGIES

Please list all allergies:

Please list any medications and medications procedures our staff should be aware of:

Please list any health, behavioral, or ESE information the staff should be aware of:

## CONFLICT DATES

Please list any and all conflict dates in the month of June:

THEATRICAL LEARNING CENTER (TLC) HANDBOOK

**TLC SCHOLARSHIP APPLICATION**  
Please complete this portion if seeking a scholarship

Names of <b>all</b> household members (First, Middle Initial, Last)	Student ID#	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

**PART 2. BENEFITS**  
IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES (State SNAP), (FDPIR) OR (State TANF Assistance), PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS AND SKIP TO PART 4. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.  
NAME: \_\_\_\_\_ PROGRAM NAME: \_\_\_\_\_ CASE NUMBER: (NOT EBT CARD NUMBER) \_\_\_\_\_

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).** List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

**2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED**

1. Name (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	Earnings from work before deductions	Welfare, child support, alimony				Social Security, SSI, VA, retirement benefits				All other income (such as Unemployment benefits)			
		Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Weekly	Every 2 Weeks	Twice Monthly	Monthly

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)**

An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (see statement on the back of this page.)

*I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted. I understand my child's eligibility status may be shared as allowed by law.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Last four digits of Social Security Number\*\*\*\*\* \_\_\_\_\_ I do not have a Social Security Number

**CHILDREN'S ETHNIC AND RACIAL IDENTITY (Optional)**

Hispanic/Latino   
  Asian   
  American Indian or Alaska Native   
  Black or African American   
  White  
 Latino Hawaiian or other Pacific Islander   
  Other