ACT – San Diego's financial aid program is based solely on need. Due to the great demand and limited resources, it is important that you provide us with your complete financial picture for full consideration. Financial Aid constitutes a maximum of up to 50% of the performer's fee.

PERSONAL INFORMATION:

Performer's Name: _____
Last First MI

School Attending: _____ Grade: _____

Birth Date: _____ Age: _____ □ Female □ Male

Parent/Guardian: _____

Address: _____
Number & Street City Zip

Home Phone: ( ) _____ Cell Phone: ( ) _____

Work Phone: ( ) _____ E-Mail: _____

INCOME INFORMATION:
Please answer all questions completely and honestly. Note that no application will be considered without proof of income, especially public assistance sources. Please attach your latest income tax return. Other verification may be necessary.

(Fill in one column per applicable income type)

	Weekly	Monthly	Annually	Other
Wages/Tips/Commissions				
Grants/Scholarships				
Alimony				
Child Support				
Maintenance				
Other				

Number of persons living in household_____ How many working?_____

Names & Ages of all Household Members:

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

Please explain any special circumstances/expenses you currently have:
(large medical bills, family member in college, legal proceedings etc.)

_____
_____
_____

We ask all families that receive assistance, to volunteer their time. What skills do you have that could be used?

_____
_____

I confirm that the above information is truthful and accurate to the best of my knowledge.

Signature: _____ Date: _____