



Setting The Stage For Tomorrow's Stars

SCHOLARSHIP INFORMATION - REFERRAL FORM

A copy of the most current (2024) Federal Income Tax Form 1040 or 1041 (all pages) and 2025 W-2(s) are required to process the request, or a School System documentation letter of financial need.

Parent/Guardian Name _____ Date _____

Child's Name _____ Grade _____ Age _____

Address _____ City _____ Zip _____

Phone# _____ Cell# _____ School _____

E-mail Address _____ SCT Class Session _____

Please describe the situation for financial need; include as many details as possible. Thank You

Eligibility Requirements

To be eligible for assistance, please check box (s) for the following criterion that apply and attach all forms:

- Medical Disability - Please describe:
Medicaid
Financial Distress
Supplemental Security (SSI)
Long Term Disability (LTD)
Foster Care

For office use only: [] Approved _____ semester Scholarship\$ _____ Date: _____

Mail this form to:

Syracuse Children's Theatre
700 West Manlius Street, East Syracuse, NY 13057 • (315) 432-KIDS
www.SCTKids.com
A Not-for-Profit 501 (c) (3) Organization