



GOT TALENT



FINANCIAL AID APPLICATION

Lee's Summit CARES offers a limited amount of Financial Aid for Got Talent youth interested in auditioning based on demonstrated need.

Lee's Summit CARES Financial Aid Committee reviews and approves all applications received. All application information is kept 100% confidential. A separate application is required for each performer.

You will be notified within 7 business days if your application has been approved.

REQUIREMENT CHECKLIST FOR ELIGIBILITY

1. Commitment to attend ALL Got Talent participant events if selected as a show contestant:
 - a. Participant Workshop: May 22, individual meeting times to be scheduled after school
 - b. Got Talent Performance: June 1, 2019, 7:00 PM
2. Application must be completed by a parent, guardian, or head of household, with all requested information provided. Incomplete applications will not be considered.
4. Applicant must submit previous year's tax return with application or 3 check stubs.
5. All applications are due by April 18. Incomplete or late applications will not be considered
6. Audition Entry paperwork must be filed at the same time as the scholarship application. Payment will not be required at this time.

FINANCIAL AID PRIORITY WILL BE GIVEN TO ELIGIBLE CHILDREN MEETING ONE OR MORE OF THE CRITERIA BELOW:

1. Member of a multi-child family and/or Living in a single parent home.
2. Receiving assistance from programs such as: Food Stamps, Medicaid, SSI, Foster Care, WIC, etc. (Must provide written documentation of participation in these programs to receive priority status)
3. Written recommendation by school representatives, social workers, youth community center workers, or other social services representatives. (Must provide to receive priority status)



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NAME OF PERFORMER _____

NAME OF PARENT OR LEGAL GUARDIAN _____

PHONE _____ E-MAIL (Please print clearly) _____

ADDRESS _____ CITY/STATE/ZIP _____

AGE _____ DATE OF BIRTH _____

SCHOOL PERFORMER ATTENDS: _____

PERFORMER LIVES WITH: () BOTH PARENTS () MOTHER () FATHER () OTHER _____

PARENT / GUARDIAN INFORMATION: Total Household Annual Income: \$ _____ Own Home (Circle) Yes No

Father/Guardian Name: _____ Occupation: _____

Phone: _____ E-mail: _____

Mother's Name: _____ Occupation: _____

Phone: _____ E-mail: _____

CONSENT TO RELEASE INFORMATION I understand that my signature authorizes Lee's Summit CARES (host of Got Talent) to obtain verification of all information on this application and that additional information may be necessary for approval of this application. I certify that all of the information on this form is true and correct and that I will comply with each of the "Requirement Checklist for Eligibility" items listed on the Application Instructions.

Parent/Guardian Signature Date

COMPLETE THIS FORM AND MAIL/SUBMIT ALONG WITH AUDITION APPLICATION **NO LATER THAN APRIL 18, 2018** TO:

LEE'S SUMMIT CARES
1555 RICE RD, BLDG B
LEE'S SUMMIT, MO 64086

OFFICE/COMMITTEE USE ONLY

APPLICATION RECEIVED ON: _____

CMTEE APPROVAL: \$ _____
Award Amt Chairperson Signature Date