

Dancers' Trust Fund

2900 Liberty Avenue, Pittsburgh, PA 15201

Application for Benefits

Name:

Address:

City, State, Zip:

Telephone: () _____ Alternate: () _____

Email address:

Social Security Number: Date of Birth:

Seasons with PBT:

Date of Retirement from Dancing:

Last Company (if other than PBT):

Name:

Address:

City, State, Zip:

Telephone: () _____

Educational Institution Attending:

Name:

Address:

City, State, Zip:

Telephone: () _____

Course of Study:

Dates Attending:

Tuition Cost per Year: Total Tuition Costs:

Amount Requested: Date Needed:

Income: Last Year: Estimated This Year:

Total Savings: Outstanding Loans:

Additional Information:

Signature: Date:

(Please allow 3 months to process application.) 1/04