

Dancers' Trust Fund

2900 Liberty Avenue, Pittsburgh, PA 15201

Application for Benefits

Name: _____

Address: _____

City, State, Zip: _____

Telephone: () _____ Alternate: () _____

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.)

10/99