SCHOLARSHIP APPLICATION

Please note that this form is due before the student auditions. Once the student has auditioned for the show, scholarship applications will not be considered.

Student Name: _____ Date of Birth: _____

Full Home Address: _____

Parent Name: _____

Parent Email Address: _____

Parent Phone Number: _____ Preferred Method of Contact: ◯ Call ◯ Text ◯ Email

Description of Hardship: _____

_____

_____

_____

_____

[Optional] - Due to financial hardship, I am willing and able to contribute to the production in these alternate ways:

◯ 15+ hours of help with production (costumes, sets, props, painting, etc)
◯ Sales of program ads to businesses
◯ Collection of raffle donations from businesses

◯ The information stated on this form is accurate to the best of my knowledge.

_____ _____

Parent Signature Date