



2010 Fall Civic Youth Theatre Classes SCHOLARSHIP APPLICATION

DEADLINE: 5:00 PM, Monday, September 13, 2010

Scholarship
Deadline Extended:
**MONDAY,
SEPTEMBER 13**

Today's Date: _____

IMPORTANT! PLEASE READ THE FOLLOWING INFORMATION:

- The application must be filled out **completely**. The student section on page 2 must be completed. AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED FOR FUNDING BY THE SCHOLARSHIP COMMITTEE.
- Applications must be **received (not postmarked) by 5 p.m. on Monday, September 13, 2010**
- Scholarship funds will only apply to the tuition cost of activities. Upon submission, the Civic will reserve a place for the student pending the decision of the Scholarship Committee.
- **Requests for 2010 Fall Classes may not exceed \$75 per student.**
- First-time applicants will be considered before those that have received scholarships previously.
- Funding is awarded based on student merit, financial need, previous scholarship awards, behavior of student during previous activities and funds available.
- A **CLASS REGISTRATION FORM MUST ALSO BE FILLED OUT AND RETURNED WITH THIS APPLICATION.**

CONTACT INFORMATION

Student's Name: _____ Age: _____ Grade: _____

Student's School: _____ Parent email: _____

Parent / Guardian's Name: _____

Address: _____ Phone: (Home/Cell) _____

_____ Phone: (Work) _____

FINANCIAL REQUEST –Please enter the costs associated with participating:

Tuition: _____ number of classes X _____ cost of each Amount \$ _____

_____ number of classes X _____ cost of each Amount \$ _____

TOTAL COSTS \$ _____

Please enter any contributions being made by family or others (including organizations) to offset the cost of the classes:

Family Contribution: (By whom) _____ Amount \$ _____

Other Contributions: (Please list) _____ Amount \$ _____

(Please list) _____ Amount \$ _____

TOTAL CONTRIBUTIONS \$ _____

TOTAL AMOUNT REQUESTED: (Total Costs minus Total Contributions) \$ _____

Do you qualify for Federal Free or Reduced Lunches? (Please circle one) FREE REDUCED NO

Have you ever received a scholarship from the Kalamazoo Civic Theatre before? (Please circle one) YES NO

If yes, when and please list amount(s). _____

Will a lack of scholarship funding prevent you from participating in these events? _____

(PLEASE CONTINUE ON PAGE 2)

Student Name: _____

STUDENT:

This section must be filled out by the student wishing to participate. (If the student is not of writing age, the student should dictate his/her answers.) All sections must be completed for application to be considered.

1. Please list any activities that you have participated in at the Kalamazoo Civic Theatre:

2. Please tell us why you wish to participate in a class at the Civic:

3. Please list any previous theatre related experiences you have (music lessons, school drama or choir, church, backstage work, etc).

PARENTS/GUARDIANS:

1. Please tell us why it is important that your child participate in classes at the Civic.

**I certify that the information we have provided are true statements to the best of our knowledge:
(Both student and parent/guardian MUST SIGN for application to be complete.)**

Parent/Guardian Signature

Date

Student Signature

Date