



**Civic Youth Theatre Scholarship Request, Fall Session 2008
DEADLINE: 5 p.m., Friday, September 12, 2008**

Today's Date: _____

IMPORTANT! PLEASE READ THE FOLLOWING INSTRUCTIONS/GENERAL INFORMATION:

- **The application must be filled out completely. The student section must be completed by the student (if able to write). Applications must be received (not postmarked) by 5 p.m. on Friday, September 12, 2008.**
- 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. **Awards for Fall 2008 may not exceed \$60 per student or \$100 per family.**
- 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 SCHOLARSHIP FORM.**

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 (include 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? _____

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

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

(TURN OVER)

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.

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

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

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

PARENTS/GUARDIANS:

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:

Parent/Guardian Signature

Date

Student Signature

Date