



**Civic Youth Theatre Scholarship Request—Spring Session 2009  
DEADLINE: 5:00 PM, Tuesday, February 10, 2009**

Today's Date: \_\_\_\_\_

**IMPORTANT! PLEASE READ THE FOLLOWING 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 Tuesday, February 10, 2009.**
- 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 Spring 2009 may not exceed \$75 per student or \$115 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 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 (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