



**APPLICATION FOR FINANCIAL AID**  
Summer Musical Theatre School

Please complete the information as thoroughly as possible and include any supporting documents that may be relevant. Applicants are not required to submit tax statements or pay stubs. All applications will be accepted until the first day of camp, however, scholarships are limited, so we recommend submitting materials early. Decisions about financial aid recipients will be made by June 30, 2010. All information and/or supporting material is considered confidential, and will be used to determine eligibility only. No student shall be discriminated against based on gender, age, race, or religion.

**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **M** \_\_\_ **F** \_\_\_

**Parent/ Guardian Name** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** (\_\_\_\_) \_\_\_\_\_ **Cell or work phone** (\_\_\_\_) \_\_\_\_\_

**Email** \_\_\_\_\_

**I prefer to be contacted by:** home phone \_\_\_ cell or work phone \_\_\_ email \_\_\_ mail \_\_\_

**I am applying for:** Middle School \_\_\_\_\_ High School \_\_\_\_\_ Professional Intensive \_\_\_\_\_  
Full Scholarship \_\_\_\_\_ Partial (half) Scholarship \_\_\_\_\_

**I have previously attended Summer Musical Theatre School:** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, what year?** \_\_\_\_\_

**Please completely answer the following. (Please attach additional pages if necessary.)**

1. **I would like to attend Summer Musical Theatre School because:**

**2. By attending Summer Musical Theatre School, I hope to:**

**3. My experience in Musical Theatre includes:**

**4. I am seeking financial assistance because:**

**5. Please provide any other information you feel may be relevant. Applicants are not required to submit tax statements or pay stubs.**

**I hereby state that the information provided is true.**

**Student signature** \_\_\_\_\_

**Parent/ Guardian signature** \_\_\_\_\_