



## Scholarship Application 2020

This form must be completed by the student's legal guardian. All information is confidential.

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_@\_\_\_\_\_.COM

PARENT EMAIL \_\_\_\_\_@\_\_\_\_\_.COM

MAILING ADDRESS \_\_\_\_\_

I am applying for:

☐ \$1-\$99    ☐ \$100-\$199    ☐ \$200-\$299\*    ☐ \$300-\$399\*    ☐ \$400-\$499\*

Please specify amount if above \$500\* \_\_\_\_\_

\*Scholarship applications for more than \$300+ will also require first two pages of current tax return. Our scholarship fund is intended for those students that can prove financial need.

If not awarded scholarship I will ☐ or will not ☐ be able to participate in the program.

Previous experience (please attach resume if applicable, please list any performance training).

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We understand financial need does not look the same for every family. Please add any information you feel is important for the committee to consider.

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PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE:      Date received \_\_\_\_\_ Committee Initials \_\_\_\_\_