

Theatre Arts Academy Scholarship Application

Date	
Child's Name	
Name of Parent/Guardian	
Email	
Phone	
Address	
City	
State	
Zip	
Age	
Grade	
School	
Parent/Guardian(s)'s Place of Employment	
Work Phone Number(s)	
Does the student qualify for Free or Reduced Lunch?	
Number of dependent children in household	
Number of adults in household	
The STUDENT must write a brief paragraph explaining their reason for wanting to take a theatre class. (Parents may need to assist. Please include the name of an adult who would personally recommend the student.)	