



# TRTC Summer Ensembles 2010 Scholarship Application



PLEASE PRINT CLEARLY IN INK.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade (Fall 2010) \_\_\_\_\_

**Required for students under 18:**

Parent / Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

**For the Parent / Guardian:** *Please read carefully and fill out entirely.*

**Please indicate your annual household income:**

- Under \$20,000    \$20,000-\$30,000    \$30,000-\$40,000    \$40,000-\$50,000    \$50,000-\$60,000    Above \$60,000

Mark if you are:       **Currently Employed**                       **Self-Employed**                       **Unemployed**

Is the student on 'school lunch' program? \_\_\_\_\_                      Does the family receive government assistance? \_\_\_\_\_

Has the student ever participated in a TRTC EDU program? \_\_\_\_\_                      In any other drama program? \_\_\_\_\_

If yes, list program(s): \_\_\_\_\_

**How do you think the student would benefit from our Summer Ensembles program? Do you have any additional comments or special circumstances regarding your request for a scholarship? (You may continue on the back of this page to extend your explanation.)**

**For what program(s) are you interested in registering? What week(s)?**

**How much do you feel you can contribute towards tuition? \$ \_\_\_\_\_**



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Page Two

**For the Student:** *Please read carefully and fill out entirely.*

What is your favorite subject in school? \_\_\_\_\_

What did you receive in that subject on your last report card? \_\_\_\_\_

Do you come to school every day and try your best? \_\_\_\_\_

Students who apply for a scholarship must meet the following requirements:

1. You must have a desire to learn about and take part in all aspects of theater.
2. If you receive a scholarship, you must agree to attend the program each day.
3. Your parents/guardians must provide your transportation to and from the Two River Theater Co. each day.

Please put your initials here if you agree to the above requirements: \_\_\_\_\_

Please write a short paragraph (on the back of this page) in which you tell why you want to take part in the Two River Theater Summer Ensembles. What aspects of the program interest you most and why?

*Be sure to: (1) State your ideas clearly (2) Use complete sentences and (3) Make sure your spelling is correct*

### **Two River Theater Co. Policies:**

Scholarships are non-refundable and non-transferable. Please notify Two River Theater immediately if you are unable to participate. Withdrawing from a program may affect eligibility for future scholarships. This information will be kept confidential and will be reviewed only to determine eligibility for aid. We strive to fill as many scholarship requests as possible, however available funding is limited. Scholarships are granted based on availability of funds, and participant's level of genuine need.

**By signing this application, I agree that the above information is correct and that I will pay the portion mutually agreed to for the Two River Theater Summer Ensembles if my student receives a partial scholarship.**

Parent / Guardian Printed Name \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_