

Youth Participation Scholarship Application

SCHOLARSHIP REQUEST

Class/Camp/Production Name: _____ Tuition: \$ _____ Start Date: ____ / ____ / ____

Scholarship Amount Requesting (CIRCLE ONE): **20%** **50%** **80%**

Are you interested in a payment plan? **YES** **NO**

STUDENT INFORMATION

Student's Name: _____ Age: _____

Birth date: ____ / ____ / ____ Entering Grade (2018/2019+-----

-----+): _____ School: _____

PARENT/GUARDIAN INFORMATION (Person who assumes financial responsibility for student)

Parent(s)/Guardian(s) Name(s): _____

Address: _____ City: _____ State: _____ Zip code: _____

Email: _____ Phone #1: _____ Phone #2: _____

Number of people in your household: _____

FINANCIAL NEED INFORMATION

Does your student receive free or reduced lunch at school: **YES** **NO**

- *If NO, please provide your household's yearly income amount.* _____

Please provide any other information that will help us understand your current need for a scholarship.

Explain how attending this Trike Theatre program will contribute to your child's goals and aspirations.

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I, the undersigned, verify that the above and attached information is correct. I also understand my obligation to ensure my student's attendance in the program for which he/she receives financial assistance.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY - Please do not write in this box.	
Date Received: ____/____/____	Sent to Committee: ____/____/____
Amount Awarded: 20% 50% 80%	Approved: YES NO
Applicant Notified: ____/____/____	Notified by: E-MAIL