

## EDUCATION & OUTREACH

### Theatre Arts Conservatory Scholarship Application

STUDENT NAME: \_\_\_\_\_

PARENT NAME (If student is under 18 years old): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE NOTE:** The following information will be held in strict confidence and will be used solely to determine the need and level of financial assistance. You may write on the back of this application for the narrative portion if need be or include an attachment.

1. AGE:  13-17  18-24  25-34  35-49  50+
2. ARE YOU A STUDENT?  Yes  No  
IF YES, WHERE? \_\_\_\_\_  
 PART-TIME or  FULL-TIME?
3. DO YOU SUPPORT YOURSELF?  Yes  No
4. DOES YOUR FAMILY CONTRIBUTE TO YOUR INCOME?  Yes  No
5. ANNUAL HOUSEHOLD INCOME:  less than \$50,000  \$50,000-\$99,000  
 100,000-150,000  \$150,000+
6. DO YOU CURRENTLY HOLD A JOB?  Yes  No
7. HOW MANY HOURS PER WEEK DO YOU WORK?
8. PLEASE INCLUDE A BRIEF NARRATIVE WHICH INCLUDES PERTINENT BACKGROUND INFORMATION THAT WILL ASSIST THE SCHOLARSHIP COMMITTEE WITH REGARD TO YOUR FINANCIAL NEED.