

EDUCATION & OUTREACH

Technical Theatre Institute 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 WRITE A BRIEF NARRATIVE WHICH INCLUDES PERTINENT BACKGROUND INFORMATION THAT WILL ASSIST THE SCHOLARSHIP COMMITTEE IN REGARDS TO YOUR FINANCIAL NEED.