



Summer Intensives 2019 Scholarship Application

PLEASE PRINT CLEARLY IN INK AND FILL OUT EACH SECTION IN ITS ENTIRETY. *Incomplete applications will not be considered.*

Student Name _____

Street Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Home Phone _____

Email _____ Is email an effective means of communication with you? _____

Age _____ Birth Date ____/____/____ Grade in Sept. '19 _____ School _____

Required for Students under Age 18:

Parent / Guardian _____

Cell Phone _____ Home Phone _____

Email _____ Is email an effective means of communication with you? _____

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 \$60,000-\$70,000 \$70,000-\$80,000 \$80,000 and above

Mark if you are: Currently Employed Self-Employed Unemployed

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

Number of kids in your household? _____ Has the student ever participated in a Two River EDU program? _____

In any other drama program? _____ If yes, list program(s): _____

***** Please write a paragraph telling us additional information regarding your request for a scholarship. *****

Since we do not always know our applicants, some further information about your situation is so helpful in reviewing need-based scholarships. Even if yours is a returning student, everyone on our Scholarship Review Board will not be familiar with your family's situation. Please use an additional page for your paragraph.

*** Incomplete applications will not be considered, and will delay your application process until we receive all info requested.

For what Track are you interested in registering? Onstage Backstage What week(s)? _____

Did you receive a scholarship for our program last year? _____

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



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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 each day.
4. You must strive to be a positive member of the class.

Please put your initials here if you agree to the above Requirements*: _____

***Please write a short paragraph in which you tell why you want to take part in Two River Summer Theater Camp. What aspects of the program interest you most and why? (Attach your paragraph to your application.)

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

**The deadline for Scholarship Applications has been extended to July 19, 2019.
Please send a completed Registration Form with your Scholarship Application.**

Two River Theater 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, availability of space in the class, student's adherence to the Requirements* listed above, and the participant's level of genuine need. Scholarship applications are reviewed at the beginning of each month on a rolling basis.

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

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____ Date _____

Student Printed Name _____

Student Signature _____ Date _____