



imagination never gets old.

Scholarship Application

All information will be kept *strictly* confidential

Student's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Date of Birth: _____ Gender: _____

Cell Phone: _____ Email Address: _____

Parent or Guardian 1: _____

Parent or Guardian 2: _____

Employer : _____

Employer: _____

Address: _____

Address: _____

Bus. Phone: _____

Bus. Phone: _____

Emergency Contact and Phone: _____

Have you been a previous recipient of an SYT scholarship? If so, when and for which class?

Which class(es), camp(s), or workshop(s) are you interested in?

Class/Camp/Workshop	Age Group	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the following financial information:

1. Monthly earned household income (after taxes): \$ _____

Use an estimate if exact figure is not known

2. Other sources of income: _____ \$ _____

(social security, welfare, AFDC, child support, alimony, disability, etc. ..)

Number living in household: ____ (adults) ____ (children)

Are there any other financial circumstances to be considered? If yes, please explain.

I am applying for:

____ full tuition scholarship ____ partial tuition scholarship (how much could you pay \$_____)

I certify that the information contained in this form is correct, to the best of my knowledge.

Parent/Guardian: _____
(please print)

Parent/Guardian Signature: _____

I agree to release and discharge the Spartanburg Youth Theatre and its officers, directors, and agents of and from any claims, demands, or liability of damage arising from the participation of my child in any classes and programs sponsored by the Spartanburg Youth Theatre.

Parent/Guardian: _____
(please print)

Parent/Guardian Signature: _____