

Part 1: APPLICANT INFORMATION

 Student Name D.O.B (mm/dd/yy) Grade (rising)

 School currently attending

Part 2: PARENT INFORMATION

(if applicant(s) are under 18)

 Name (please print) Relationship Primary Phone

 Home Address City, State, Zip

 Email Address Cell Phone

Part 3: FINANCIAL INFORMATION

Select camp/class for which you are registering (check one):

- Camp Shakespeare Jr. (grades K-3)
- Camp Shakespeare (grades 4-6)
- Camp Shakespeare Extreme (grades 7-12)
- Broadway South: Musical Theatre Camp (grades 7-12)
- Behind the Curtain: Tech Camp (grades 8-12)

Requested Scholarship Assistance (check one):

- Partial and/or half scholarship (up to 50% tuition waived)
- Full scholarship (100% tuition waived)

Annual household income (check one):

- 100,001+
- 75,000 to 100,000
- 50,000 to 74,999
- 35,000 to 49,999
- 25,000 to 34,999
- 15,000 to 24,999
- Under 15,000

Part 4: STATEMENT OF FINANCIAL NEED:

Please use the space below to help us understand your financial situation. Please also share how this camp/class might benefit your child. Be candid and thoughtful, as this is a major component for award consideration. Feel free to use the back if necessary.

Additional Documentation that might support your application (if applicable):

- Proof of State Subsidized funding (SNAP, Housing Assistance, etc.) – Award or statement letter only.
- Proof of free or reduced school lunch for the student

*Please note: Households not qualifying for state subsidized funding or other benefits will not be precluded from award consideration. We encourage all families in need of assistance to apply. *Please refrain from submitting sensitive financial documents (i.e. tax forms, pay stubs, SS compensation, etc.). We will provide instructions for submitting any required or requested additional documentation.*

Signature and Date:

*By signing below, you acknowledge that the information on this application is accurate and completed to the best of your ability. *All communication concerning financial assistance will be conducted through email.*

Adult Applicant/Parent/Guardian Signature

Date

For Office use only:

Approved by: _____ Date: _____

Award total: _____ Per student total: _____

Applicant information and award status remains strictly confidential.