

Flora Templeton Stuart Capitol Arts Youth Theatre Scholarship Application



Name: _____ Address: _____

Phone #:(Home) _____ (Cell) _____ Grade: _____ School: _____ GPA: _____

Activity you are applying for: _____

List any performance experience you have in theatre, dance, vocal, acrobatics, or playing an instrument. Be sure to include experiences such as church choir, school performances, etc...

Experiences & Dates

Applicants should be good students; please rate your grades by circling: Poor Average Excellent

Are your parents willing to volunteer to help? _____ Yes _____ No (Parents are needed as volunteers to help with sets, painting, cleaning up, etc.) Hours per week willing to volunteer:

Do you have your own transportation to the Capitol? _____ Yes _____ No

Have you previously received a scholarship at the Capitol? _____ Yes _____ No Program: _____

Have you auditioned for any productions? _____ Yes _____ No Receive a part? _____ Yes _____ No

How old were you when you became interested in theatre? _____

Are you involved in any non theatre activities such as sports? _____ Yes _____ No

Essay:

Please tell us why you are interested in being in the theatre. See attached sheet. It is very important that this be written only by you and signed by you. If you are young and need help please have your parents sign if assisted.

Eligibility: Please have your parents complete the attached financial sheet.

***Note:** Please understand that the Scholarship Fund is limited with full and partial scholarships and everything will be considered in your application. The deadline date to return these forms is two weeks before the program for which you are applying. Please update any information if you have previously applied.

Child's Name _____

TO BE COMPLETED BY YOUR PARENTS

ESTIMATE YOUR DEBTS:

Balance on all debts \$ _____
Balance on mortgages (if any) \$ _____

ESTIMATE YOUR PROPERTY:

Value of your home or any real estate (if owned) \$ _____
Value of Auto #1 \$ _____
Value of Auto #2 \$ _____
Boat/Camper/Motorcycles \$ _____
Savings (stocks, cash, retirement) \$ _____

ESTIMATE YOUR INCOME:

	<u>HUSBAND</u>	<u>WIFE</u>
Bring home wages (monthly)	\$ _____	\$ _____
Social Security/SSI Benefits	\$ _____	\$ _____
Retirement Benefits	\$ _____	\$ _____
Child Support Benefits	\$ _____	\$ _____

ESTIMATE YOUR MONTHLY EXPENSES:

Housing \$ _____ Utilities \$ _____ Food \$ _____
Clothes \$ _____ Medical \$ _____ Gas \$ _____
Car Note \$ _____ Insurance \$ _____
Car Note \$ _____ Insurance \$ _____
Child Support \$ _____ Charity \$ _____

Other: _____

Do you or a member of your household qualify for food stamps? _____ Yes _____ No

Do you or a member of your household qualify for SSI? _____ Yes _____ No

Get free lunches at school? _____ Yes _____ No

Do any household members receive Medicaid? _____ Yes _____ No

Do you receive Section 8 housing? _____ Yes _____ No

