

TEMPLE THEATRE SCHOLARSHIP APPLICATION

Parent Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Phone 2: _____

Temple Theatre receives scholarship money that may be earmarked for a certain ethnic or racial population. We need the following information to distribute these funds appropriately. You do not have to answer this question to receive scholarship assistance.

Racial or ethnic identities of your child(ren):

ASIAN BLACK HISPANIC MIXED RACE

WHITE OTHER: _____

Student Information

Student 1: _____ Age: _____

School Attending: _____

Student 2: _____ Age: _____

School Attending: _____

Student 3: _____ Age: _____

School Attending: _____

Student 4: _____ Age: _____

School Attending: _____

Please complete and return form to:

Gavan Pamer

TEMPLE THEATRE

120 Carthage Street Sanord, NC 27330 or

email to: education@templeshows.org

Family Financial Information

This information is used only to determine need and will not be used for any other purpose.

Has your family received a scholarship from Temple Theatre in the past? Yes No

How many people are in your household? _____

Gross annual income (including all adults) \$ _____

Other Income (alimony, social assistance, etc.) \$ _____

Total annual income \$ _____

Assistance requested for: 20 ____ Summer / Fall / Spring Conservatory
 20 ____ Academy Classes (Fall / Winter)

Explain any special circumstances, if necessary:

Student's statement of in theatre and desire to be involved in Temple Theatre education program:

I certify this information is accurate and true.

Parent/Guardian Signature: _____ Date: _____