



south carolina children's theatre™

TOTALLY PROFESSIONAL. DELIGHTFULLY IMMATURE.

SCHOLARSHIP APPLICATION

South Carolina Children's Theatre endeavors to share the magic of theatre with *all* children. SCCT's Theatre Outreach Partnerships, financially supported by the generous donations from community members, corporations and foundations, provides scholarship funding for under resourced or special needs youth to attend Theatre Arts Conservatory classes or workshops.

Scholarships are awarded based on financial need and space availability in the class.

- **Please provide a copy of either of the following documents:**
 - First page of the parent or guardian's tax return from the prior year.
 - Letter from your child's school stating your child receives free or reduced lunch (If you attend a title one school we do not need a free and reduced lunch letter)
- The parent agrees to pay the commitment fee of 20% of the actual tuition (not the early registration discount) for each class.
- The student is expected to be prepared and attend all Classes and Workshops on time (sickness excused).
- If you have any questions, please contact Jill Wolf at (864) 235-2885 ext. 105
- Fax, email or mail to...

jill@scchildrenstheatre.org

Fax # 864-235-0208

Jill Wolf, South Carolina Children's Theatre, P.O. Box 9340, Greenville, SC 29604

How did you hear about the Scholarship Program? _____

1st Student's Name _____

DOB _____ Age _____ Grade _____ Sex: M F

School you attend: _____

2nd Student's Name _____

DOB _____ Age _____ Grade _____ Sex: M F

School you attend: _____

Mother's Name _____ Cell Number _____

Father's Name _____ Cell Number _____

Address _____ City _____ State _____ Zip _____

Email _____

In order to keep our database up to date and to only send you relevant information based on the age of your children please provide us with the birth date of the youngest child in your home. _____

The complete class listing is available on our website www.scchildrenstheatre.org

★ So that we may efficiently process your request, please list classes of interest. Classes are subject to availability.

| Class Name/Day of Week | Class Code | Tuition | Total |
|------------------------|------------|---------|-------|
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Parent (Guardian) Signature _____ **Date** _____