



# FINANCIAL AID 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 or
  - Letter from your child's school stating your child receives free or reduced lunch. (Students that attend a title one school automatically qualify and do not need the above documentation.)
- The parent agrees to pay the commitment fee of 20% of the actual tuition 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 Anna Bowman at (864) 235-2885 ext. 105
- Email, fax or mail to...

[anna@scchildrenstheatre.org](mailto:anna@scchildrenstheatre.org)  
 Fax # 864-235-0208  
 Anna Bowman, South Carolina Children's Theatre, P.O. Box 9340, Greenville, SC 29604

How did you hear about the Scholarship Program? \_\_\_\_\_

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 \_\_\_\_\_

- As scholarships are partially supported by grant funding that requires racial demographics information, please indicate your race here \_\_\_\_\_

*The complete class listing is available on our website [www.scchildrenstheatre.org](http://www.scchildrenstheatre.org)  
 Upon acceptance, you will be emailed a promo code to register online at the scholarship price.*

Parent (Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

**Media Waiver:** Unless informed otherwise in writing to my child's teacher, SCCT may use student photos, video footage and student quotes in print & electronic publications, on social media, and in media coverage of SCCT programs. I acknowledge that SCCT takes cautionary steps to provide minimum identifying information.

**Medical Waiver:** In the event of serious illness or injury, I authorize the staff of SCCT to act as my agent in obtaining medical care for the student listed on this form. I understand that I will be contacted using the information provided in registration.