



FINANCIAL AID APPLICATION

South Carolina Children's Theatre endeavors provide transformative theatre to all students in the Upstate. SCCT's Theatre Outreach Partnerships, generously supported by donations from community members, corporations, and foundations, provides financial aid funding for students to attend Theatre Arts Conservatory classes or workshops. **Financial Aid is awarded based on financial need and space availability in the class.**

- **Please provide a copy of either of the following documents:**
 - Students attending a Title I school must submit proof of attendance, such as a photo of a school ID or report card.
 - If the student does not attend a Title I school, please provide either of the following:
 - 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 approved for Financial Aid:**
 - The parent agrees to pay the commitment fee of 20% of the tuition for each class.
 - The student is expected to be prepared and attend all classes and workshops (sickness excused).
 - Following the conclusion of the class or camp we ask students to provide a quote about their experience.
 - Student must reapply every year.
- **If you have any questions, please contact Lauren French at (864) 235-2885 ext. 106**
- Email, fax or mail to...

laurenf@scchildrenstheatre.org

Fax # 864-235-0208

Lauren French, 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 _____

Gender: Male Female Non-Binary Prefer not to say

School student attends: _____

Parental Guardian 1 _____ Cell Number _____

Email _____

Address _____ City _____ State _____ Zip _____

Parental Guardian 2 (if applicable) _____ Cell Number _____

Email _____

Emergency Contact Information

Please provide a name other than the guardian(s) listed above.

Emergency Contact Name _____ Cell Number _____

Relationship to Student _____

Media and Medical Waiver

After reading the waivers, please initial on the lines below.

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.

_____ **Yes I understand and accept the above Media Wavier.**

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.

_____ **Yes I understand and accept the above Medical Wavier.**

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

If accepted you will receive an acceptance email along with information on how to register for classes or camps.

Parent (Guardian) Signature _____ Date _____