



Scholarship Application

Please fill out a separate application for each child interested in our education programming. Please note that priority will be given to students who live in the communities in which our audience members reside: Jefferson County, Clear Creek County, Park County.

Parent/Guardian's Name:

Student's Name & Age:

Address:

Phone Number:

Email:

Briefly describe your family's need:

Why is your student interested in a class or camp at StageDoor Theatre? How will attending a StageDoor class or camp benefit your student?

Does your child qualify for free/reduced lunch at school? _____

What class/camp/Program are you applying for a scholarship?

We cannot offer FULL scholarships, as many families need assistance and our funds are limited. But partial scholarships are often a possibility.

How much can you afford to pay for each class (or per month)? _____

1. I attest that the information provided in my scholarship application is true. I understand that if information provided is discovered to be false, I will forfeit my scholarship to attend StageDoor.

2. I understand that my scholarship only covers the partial cost of registration to attend a StageDoor camp or class. I am responsible for any costs associated with any transportation or additional costs associated with this class or camp.

3. I agree to respond to a follow-up questionnaire immediately after the StageDoor camp or class to indicate how the knowledge gained from my student attending StageDoor will benefit him/her.

4. I agree that if my student is unable to attend, for any reason, I will notify StageDoor Theatre immediately so that my student's spot may be given to another scholarship candidate.

By signing this Scholarship Letter of Agreement, and based on mutual consideration, I understand and agree to the above terms and conditions.

Recipient Signature _____

Printed Name _____

Date _____