



Scholarship Application

Children's Musical Theatre Workshops

This application MUST accompany a regular enrollment application.

All Information will be held in confidence.

This is a confidential agreement between CMT and applicant. CMT will not disclose the scholarship status of any student and we ask that if you do receive a scholarship that you not share that information with any other student or family.

Student Name: _____

Father's Name: _____

Father's Home Phone: _____ Work Phone: _____

Father's Place of employment: _____

Mother's Name: _____

Mother's Home Phone: _____ Work Phone: _____

Mother's Place of employment: _____

Number of Dependent children: _____ Yearly Family Income: _____

Describe any unusual financial obligations: _____

Is student eligible for free or reduced lunch program? YES _____ NO _____

Student Comments:

Please answer the following questions:

Why do you want to attend this workshop?

What do you expect to learn from this experience?

**It may not always be possible to fund 100% of tuition as a scholarship. If a partial scholarship is offered to you, will you consider paying a reduced rate? If so, how much? _____

As a condition of receiving scholarship funds, student **MUST ATTEND** all classes/camp days/workshops. Failure to attend all classes will necessitate that the scholarship be rescinded and the student will NOT be able to continue to attend and will be disqualified from future scholarship considerations.

Office Use Only _____

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