



Scholarship Application Children's Music Theatre

In order to be considered, this scholarship application must accompany a regular registration form and be received two weeks prior to the date of the first class or prior to auditions.

This is a confidential agreement between CMT and applicant. CMT will not disclose the scholarship status of any student and we ask that you keep the scholarship process and results confidential as well.

PART 1: APPLICATION

Date of Application _____

Contact Information:

Student Name: _____

Student Age _____ Grade in School _____ Student Gender ___ Male ___ Female

School Student Attends _____

Parent 1 Name: _____

Parent 1 Home Phone: _____ Work Phone: _____

Parent 1 Email: _____

Parent 2 Name: _____

Parent 2 Home Phone: _____ Work Phone: _____

Parent 2 Email: _____

Request:

Please answer the following questions:

For Parent/Guardian:

Why are you applying for a scholarship?

What do you hope your child will gain from participating in this experience?

Has your family received a CMT scholarship in the past? YES _____ NO _____

If so, what was the date, name of program and amount of the scholarship?

For Student:

Why do you want to attend this class/camp/production?

What do you expect to learn from this experience?

PART 2: SIGNATURE

I hereby attest that the income and residence information listed in Parts 1-3 of this application is true and complete. I understand scholarships are awarded solely at the discretion of CMT and are subject to funding limitations. Financial eligibility does not guarantee a scholarship will be awarded.

I further understand that it is not always possible to fund 100% of tuition as a scholarship. If a partial scholarship is offered, will you consider paying a reduced rate? YES_____ NO____
If so, how much? _____

As a condition of receiving scholarship funds, student **MUST ATTEND** all classes/camp sessions/rehearsals, etc. Failure to attend all sessions may result in the scholarship be rescinded, the student discontinuing the class/camp/production, and disqualification from future scholarship considerations.

Applicant's Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

ATTENTION: COMPLETE PART 3: FINANCIAL INFORMATION ON THE NEXT PAGE IN ORDER FOR APPLICATION TO BE COMPLETE AND CONSIDERED FOR A SCHOLARSHIP. It is on a separate page because it is reviewed by an independent auditor who is not part of CMT.

For Office Use Only:

Application Code Identifier: _____

Date Application Received:	Date Financial Review Received:
Date Committee Reviewed:	Committee Approved? YES / NO
Amount of Scholarship:	Date Applicant Notified:
Season/Date:	Name of Program:

PART 3: FINANCIAL INFORMATION:

My household is located in the city of _____ in _____ county.

Number of Dependent Children: _____ Yearly Family Income: _____

Describe any unusual financial obligations: _____

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

Is anyone in the household eligible for food stamps? YES _____ NO _____

Is your household a participant in the Housing Choice Voucher (section 8) program and/or a Public Housing resident? YES _____ NO _____

I understand that CMT may ask for proof to verify the information in this section. _____ (initial)

For Office Use Only: Application Code Identifier _____