



Scholarship Application Children's Music Theatre

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 _____

Student Name: _____

Student Age _____ Grade in School _____

School Student Attends _____

Parent 1 Name: _____

Parent 1 Phone: _____ Email: _____

Parent 2 Name: _____

Parent 2 Phone: _____ Email: _____

Request: Please answer the following questions:

Why are you applying for a scholarship?

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?

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 Failure to attend all sessions may result in the scholarship be rescinded, the student discontinuing the class/camp/production, and disqualification from future scholarship considerations.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: _____

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:

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: