

**Adult Scholarship Application**



The Theatre Lab awards adult scholarships to those who have expressed a strong desire to learn theatre arts and would not have the opportunity to take our classes without financial aid. If you would like to be considered for a scholarship, please complete this form and return it to our office. **First time applicants please note:**

***scholarships are available for Drama Workshop or Intro to***

***Acting only.*** (You may reapply for further assistance to enroll in other classes/programs only after successful completion of Drama Workshop and a recommendation from the instructor.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I. Please explain why you need scholarship assistance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Why do you want to take a theatre class? What do you hope to learn/accomplish?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. If currently employed, please list employer information below.**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Salary: \_\_\_\_\_

(\*If more than one employer, please list additional information on back of this form.)

**IV. Please list the names and telephone numbers of two people who can serve as references:**

1. \_\_\_\_\_

2. \_\_\_\_\_

For Office Use Only:

Date Rec'd: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_ Approved by: \_\_\_\_\_