



Scholarship Application

The confidential nature of the information shared will be respected. Applications will be considered based upon class openings and available scholarship funds.

Student Name:

Student Date of Birth:

Student Grade Level:

Parent(s) Name(s):

Address

City/State/Zip:

Daytime Phone:

Evening Phone:

E-mail Address:

Class/Program Name:

Date of Class/Program:

Tuition for Class/Program:

Amount your family can contribute toward tuition: \$

Number of **adults** (over 18) in household:

Number of **children** (under 18) in household:

Total Annual Family Income: (Place an X in the box in front of the income range.)

\$0 - \$25,000

\$25,000 - \$35,000

\$35,000 - \$45,000

\$45,000 - \$55,000

\$55,000 - \$65,000

\$65,000 - \$75,000

Please use the space below to help us understand your reason for requesting financial assistance (attach additional pages if necessary).

I declare that the information reported on this form is true, correct, and complete to the best of my/our knowledge. Spotlight Theatre Studio has permission to verify the information reported above.

Signature of Parent:

Date:

Please return this application to Spotlight Theatre Studio c/o Julie Abraham 1036 8th Ave. Brookings, SD 57006. Or you may download the document, fill it out, and email it as an attachment to ***spotlightbrookings@gmail.com***.