

# SCHOLARSHIP APPLICATION FOR THE TOLEDO REPERTOIRE THEATRE'S YOUNG REP EDUCATION CLASSES

*Information about the student:*

PLEASE PRINT

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

EMAIL: \_\_\_\_\_

REQUESTED CLASS NAME: \_\_\_\_\_

REASON REQUESTING FINANCIAL ASSISTANCE TO ATTEND ABOVE REP ED CLASS: \_\_\_\_\_

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

WILL STUDENT BE ABLE TO ATTEND ALL CLASSES AS SCHEDULED:

YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU ABLE TO VOLUNTEER AT THE REP:

YES \_\_\_\_\_ NO \_\_\_\_\_

*I appreciate being given the opportunity to apply for this scholarship. If accepted, I agree to register for the listed class and participate fully in all activities during those classes.*

AMOUNT FAMILY CAN PAY	_____
SCHOLARSHIP REQUESTED	_____
TOTAL CLASS FEE	_____

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

For office use only:	Scholarship Approved/Denied	Amount _____	Staff Initials: _____
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