

**SCHOLARSHIP APPLICATION FOR
THE TOLEDO REPERTOIRE THEATRE'S
ADULT REP EDUCATION CLASSES**

Information about the student:

PLEASE PRINT

NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____ **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** _____

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

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.

Printed Name

Signature

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