

# Stage Dreams Youth Theater



## DREAM CLASS SCHOLARSHIP APPLICATION

In an effort to give these theater experiences to the most enthusiastic and interested children, we offer a needs based scholarship to at least one deserving applicant per class.

Scholarships can be awarded for partial or full tuition.

**Please type or write clearly.**

If you are chosen, you will be contacted no later than one week before the first class.

### Scholarship Guidelines:

- Applications must be completed in FULL.
- Applications must be sent in via mail or in person and received by the due date.
- If you are chosen, you will be contacted no later than one week before the first day of class.

**Scholarship Due Dates:** *Late applications will not be considered.*

Fall Session                      September 1<sup>st</sup>, 2015

Spring Session                    January 30<sup>th</sup>, 2016

**Student Information**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**If this child is selected, who should we contact? (If different from above)**

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

Relationship to applicant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Please explain any special information and/or circumstances which make the applicant unable to contribute to the full tuition fee: *(Use a separate piece of paper if needed)*

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

**Session Information:** *Check the Session and Class you are applying for*

FALL

SPRING

- |   |            |               |
|---|------------|---------------|
| <input type="checkbox"/> Monday         | Ages 12-18 | 6:30pm-8:30pm |
| <input type="checkbox"/> Early Tuesday  | Ages 5-14  | 4:00pm-6:00pm |
| <input type="checkbox"/> Late Tuesday   | Ages 5-14  | 6:30pm-8:30pm |
| <input type="checkbox"/> Wednesday      | Ages 5-14  | 4:30pm-6:30pm |
| <input type="checkbox"/> Early Thursday | Ages 5-14  | 4:00pm-6:00pm |
| <input type="checkbox"/> Late Thursday  | Ages 5-14  | 6:30pm-8:30pm |

Have you applied for a SDYT Dream Class scholarship in the past?      Yes    No

If yes, when and for which class? \_\_\_\_\_  
\_\_\_\_\_

Have you received a SDYT Dream Class scholarship in the past?      Yes    No

If yes, list the class in which you received a scholarship and how much you received.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to pay a partial payment of 50% of the tuition?      Yes    No

**Short Essay Section**

On a separate piece of paper, please tell us in one creative paragraph, poem, or picture why you would like to be a part of a Stage Dreams Youth Theater Dream Class. (*Submission can be age appropriate, but completed by the child*)

**To the best of my knowledge, all of the information given in this application is true and correct.**

**Signature** \_\_\_\_\_

**Please send completed application to:**

6635 W. Happy Valley Rd  
Suite A-104-197  
Glendale, AZ 85310