## 2021 Lakeshore Players Theatre Education Scholarship Request Form

Questions? Please email Katie Rowles-Perich, Education Associate, at <u>katie@lakeshoreplayers.org</u>.

\* Required



# **HANIFL** Performing Arts CENTER

General Information If you are filling this application out for yourself and are 18+ years old, please disregard the "Parent/Guardian" questions.

1. Who is filling out this application? \*

Mark only one oval.



) I am the parent/guardian of the participant.

I am filling this application out for myself (Under 18 years old).

I am filling this application out for myself (18+ years old).

- Parent/Guardian Name 2. Parent/Guardian Address 3. Parent/Guardian Email 4. 5. Parent/Guardian Phone Parent/Guardian Alternate Phone 6. (if applicable) Participant Name \* 7.
  - 8. Age of Participant \*

9.	Participant Address (if different from parent/guardian)			
10.	Participant Phone			
	(if applicable)			
		Below, please answer all questions to the best of your ability. This information will		
	cholarship	remain confidential among the Lakeshore Players Theatre staff.		
A	pplication			
11.	Class Title *	Class Title *		
	Enter the name of the class for which you are requesting assistance.			
12.	Select the amount of tuition coverage needed for you or your student to			
	participate in class. *			
	Check all that apply.			
	25% Tuition Coverage			
	50% Tuition Coverage			
	75% Tuit	75% Tuition Coverage		

100% Tuition Coverage

#### 13. Partial Scholarship \*

Due to present financial constraints, Lakeshore Players Theatre may not be able to grant full scholarships to all who apply. Please note if you are willing or able to discuss a partial scholarship, should we be unable to match your request.

#### Mark only one oval.

Yes, I am willing and/or able to discuss a smaller scholarship if necessary.

No, I am not able to discuss a smaller scholarship.

14. Do you and/or your household qualify for Free and Reduced Lunch or other public assistance programs? \*

Mark only one oval.

$\subset$	Yes
$\subset$	No
(	I don't know

- Not applicable
- 15. Is there a single parent in your household? \*

Mark only one oval.

Yes

No

### 16. Other Information / Special Circumstances

Provide a brief account of any other information that you would like to be taken into consideration. Ex.) Experiencing financial hardships due to Covid-19.

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