



**Theatre School  
Scholarship Application**

Please attach a statement of need for your household, including monthly income, number in household, and any other considerations.

Scholarship amount requested: \_\_\_\_\_ Class/Production name: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

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

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Work): \_\_\_\_\_

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

**The undersigned has read this form and agrees to abide by the policies and procedures of  
Theatre Denton Theatre School.**

\_\_\_\_\_  
Signature of Prospective Theatre Denton Theatre School Student

Date

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

\_\_\_\_\_  
Date