



**Theatre Denton Theatre School
Scholarship Application**

If you need any assistance completing this application, please contact the Education Coordinator:
Belinda King, education@theatredenton.com, 940-703-4253

Student's Name: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Home): _____ (Cell): _____ (Work): _____

Email: _____

Scholarship request (circle one): **Full / Partial** Class/Production name: _____

Monthly household income: _____ Number in household: _____

Statement of need including any extenuating circumstances:

The undersigned agrees to abide by Theatre Denton Theatre School policies.

Signature of Student Date

Signature of Parent/Guardian Date

Please send a scan or photo of this form to the Education Coordinator via email at education@theatredenton.com