



**Theatre Denton Theatre School  
Tuition Assistance Application**

If you need any assistance completing this application, please contact the Education Coordinator:  
Belinda King, [education@theatredenton.com](mailto: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: \_\_\_\_\_

Tuition assistance request (circle one): **Full / Partial 75% / Partial 50% / Partial 25% / Other amount:** \_\_\_\_\_

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](mailto:education@theatredenton.com)  
Decisions are made by the Theatre Denton Education Committee and applicants are notified within a week.