

# SCHOLARSHIP APPLICATION



STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

GUARDIAN NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROGRAM OR CLASS FOR WHICH SCHOLARSHIP IS REQUESTED: \_\_\_\_\_

AMOUNT OF REQUEST: \$ \_\_\_\_\_

DOES THIS STUDENT QUALIFY FOR FREE OR REDUCED LUNCH THROUGH THEIR SCHOOL? \_\_\_\_\_ YES / \_\_\_\_\_ NO

PLEASE USE THE FOLLOWING SPACE TO EXPLAIN YOUR NEED FOR THE REQUEST: \_\_\_\_\_

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PLEASE DESCRIBE THE STUDENT'S EXPERIENCE (CLASSES, CAMPS, PRODUCTIONS, ETC.):

MAIL COMPLETED FORM TO Old Town Playhouse, P.O. BOX 262, TRAVERSE CITY, MI, 49685

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For OTP use:

Approved by: \_\_\_\_\_ Scholarship Amount: \$ \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Credit Issued: \_\_\_\_ / \_\_\_\_ / \_\_\_\_