

stagelights



Williamsburg's Theatre for Children

P. O. Box 1910 • Williamsburg, VA • 23187

www.StageLightstheatre.org

Scholarship Application

Student Information (One form per student)

New Student

Previously Registered

Name _____ Birthdate _____ Age _____

Home Phone _____ E-mail _____

Address _____

Parent/Guardian Information

Name #1 _____ Relationship _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____ Work Phone _____

Position and years at current job _____

Name #2 _____ Relationship _____

Home Phone _____ Cell Phone _____

E-mail _____

Employer _____ Work Phone _____

How long have you been employed at current employer? _____

Which parent has financial responsibility? Name #1 Name #2 Both

Income & Expense (Please attach a copy of page 1 of your most recent IRS tax return)

Annual total gross income for household (include all sources of income) \$ _____

Estimated monthly bill including housing \$ _____

Number of people supported by this income # _____

Include the name, age, date of birth, and relationship of all dependents

Please submit a copy of page 1 of your most recent tax returns. Applications are not complete until this is included.

On a separate sheet please let us know why are you requesting this scholarship? Please include an explanation of any extenuating circumstances you may have and describe in a few words why this scholarship is important to your actor.

All Applicants

Scholarship is applicable to the 2018 season only.

Everything that I have stated in this application is correct to the best of my knowledge. I agree to submit all necessary paperwork, to follow all guidelines and meet requirements of the scholarship. All information provided to Stage Lights Theatre, Inc. will remain confidential.

Signature _____ Date _____

Please return your completed application & forms by April 9th to the address above.