

SCHOLARSHIP APPLICATION 2016/17

Applications for 2016/17 will be accepted beginning **August 15, 2016**. To qualify for a scholarship, students must fill out the form below. Students must also submit a *letter of recommendation* from a third party (teacher, clergyperson, counselor, social worker, etc.) explaining how the student would benefit from this class. A new letter is required each year. Letters may be mailed to the address below or emailed to GRCTSchool@grct.org.

Scholarships in the amount of 80% of tuition for fall, winter or spring classes and 50% of tuition for Performance Block classes are available. A \$20 deposit **per class** is necessary to process your application. This deposit will be applied to your tuition. You may pay the reduced tuition in full with the application. The tuition balance must be paid in full no later than **one week before class begins** or your registration will be cancelled and the \$20 deposit will be forfeited. The scholarship application and letter of recommendation must be received no later than **two weeks before the start of the term**. Registrations are processed on a first-come, first-served basis. Please visit our website for full class details at: www.grct.org/educate.

Scholarships are limited to one per student, per term.

Student Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Male or Female: _____ Grade Level: _____

Medic Alert: _____

School Attended: _____ Race or Ethnicity: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent Email: _____ Cell Phone: _____

Does your child need to be signed out after class? Yes No

List all persons **including parents** who are authorized to pick your child up and a phone number at which they may be reached: _____

Emergency Contact: _____ Phone: _____

Please enroll my child in the following class(es):

Fall Term:

Class Name: _____

Class Day: _____

Class Time: _____

Class Cost: _____

Winter Term:

Class Name: _____

Class Day: _____

Class Time: _____

Class Cost: _____

Spring Term:

Class Name: _____

Class Day: _____

Class Time: _____

Class Cost: _____

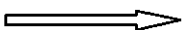
Performance Block:

Class Name: _____

Class Day: _____

Class Time: _____

Class Cost: _____

Please continue on other side 



Students: Please tell us why you would like to take this class (parents, please help your students fill this section out in their own words):

Four horizontal lines for student response.

Parents: Please tell us why you would like you student to take this class:

Four horizontal lines for parent response.

Please describe your need for financial assistance (unemployment, low income, financial hardship, etc.). All information will be kept strictly confidential.

Five horizontal lines for financial assistance description.

Payment:

Cash Check payable to Grand Rapids Civic Theatre enclosed

Please charge the following to my credit card: \$20 deposit/class Full amount of tuition

Card (please circle): Visa Mastercard AmEx Discover

Card number: _____

Expiration Date: _____

Print Name on Card: _____

Signature: _____

I understand that GRCT provides partial scholarships and I agree to pay the balance of the class tuition no later than one week before class begins. **I understand that if I do not meet this deadline, my registration will be cancelled and the \$20 deposit will be forfeited.** I also understand that my student is to attend class all days for the full time period.

Dated: _____ Signature: _____

Print Name: _____

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Please submit to: Grand Rapids Civic Theatre, School of Theatre Arts, 30 N. Division Ave., Grand Rapids, MI 49503. Questions? Please call 222-6653 or email GRCTSchool@grct.org