

**SUMMER CAMP SCHOLARSHIP APPLICATION AND REGISTRATION 2017**

Scholarships are in the amount of 50% of the tuition for a camp and a \$20 deposit 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 camp** begins or your child's place and the \$20 deposit will be forfeited. The scholarship application and a **letter of recommendation** must be received no later than **two weeks before** the start of camp. Registrations are processed on a first-come, first-served basis and camps fill quickly. Please visit our website for full camp details at [www.grct.org/educate/summer-programs](http://www.grct.org/educate/summer-programs).

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or female: \_\_\_\_\_ Grade finished in 2017: \_\_\_\_\_

Name to appear on nametag: \_\_\_\_\_ School attended: \_\_\_\_\_

Medic Alert: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact : This will be the **FIRST** person called in the event of an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size (circle):

- |          |           |          |          |           |
|----------|-----------|----------|----------|-----------|
| Youth Sm | Youth Med | Youth Lg |          |           |
| Adult Sm | Adult Med | Adult Lg | Adult XL | Adult XXL |

You may request to be placed in a group with **ONE** other camper. Because campers will be placed in groups by age, the requested camper must be in the same grade or within 6 months of age. Campers **MUST** request each other to be placed together. If more than one camper is listed, request will be denied.

Name of camper you would like to be in a group with: \_\_\_\_\_

Does your child need to be signed out after camp (2<sup>nd</sup>-5<sup>th</sup> grade students only)?  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: \_\_\_\_\_

Please enroll my child in the following camp:

Early Explorers (Ages 4- 1<sup>st</sup>):

\_\_\_ Session A: July 24-July 28

\_\_\_ Session B: Aug 21-Aug 25

\_\_\_ Session C: Aug 21-Aug 25

\_\_\_ Session D: Aug 21-Aug 25

*Tuition after scholarship \$57.50*

Creative Quest (Grades 2-3):

\_\_\_ Session A: July 31-Aug 4

\_\_\_ Session B: Aug 7-Aug 11

\_\_\_ Session C: Aug 14-Aug 18

*Tuition after scholarship \$100*

Dramatic Discovery (Grades 4-5):

\_\_\_ Session A: July 31-Aug 4

\_\_\_ Session B: Aug 7-Aug 11

\_\_\_ Session C: Aug 14-Aug 18

*Tuition after scholarship \$100*

Musical Theatre Camp (Grades 6-7)

\_\_\_ July 9-July 14

*Tuition after scholarship \$115*

Acting Camp (Grades 6-7)

\_\_\_ July 16-July 21

*Tuition after scholarship \$115*

High School Musical Theatre Performance

\_\_\_ June 18-June 24

*Tuition after scholarship \$137.50*

High School One-Act performance (Grades 8-12)

\_\_\_ June 25-July 1

*Tuition after scholarship \$137.50*

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

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Parents: Please tell us why you would like you student to take this camp: \_\_\_\_\_

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

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Payment:

\_\_\_ Check payable to Grand Rapids Civic Theatre enclosed

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

Card (please circle): Visa Mastercard AmEx Discover

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Refunds and Cancellations:

A refund minus \$10 cancellation fee before the first day of camp. No refund after camp starts.

I understand that GRCT provides partial scholarships and I agree to pay the balance of the camp tuition by the deadline above. I understand that if I do not meet this deadline, my child's place in camp will be forfeited. I also understand that my student is to attend camp all days for the full time period. I hereby certify that I am a parent or legal guardian of the child listed above and that all of the information provided is correct and complete. I recognize that GRCT will rely on that information. I will be responsible for the cost of any emergency medical care provided to my child should GRCT instructors or staff, in their judgment, call 911 on behalf of my child in the event of an emergency. I understand that by allowing my child to participate in camp, I consent to allow my child to be videod and photographed. These videos and photographs may be used by GRCT in future promotional efforts without specific written permission from me.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please submit completed application and letter of recommendation to: Grand Rapids Civic Theatre, School of Theatre Arts, 30 N. Division Ave., Grand Rapids, MI 49503 or scan and email to GRCTSchool@grct.org.

Questions: Please call 616-222-6653