

**SCHOLARSHIP APPLICATION 2018/19**

Applications for 2018/19 will be accepted beginning **August 13, 2018**. 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](mailto: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/classes](http://www.grct.org/classes).

**Scholarships are limited to one class per student, per term.**

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

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

Date of Birth: \_\_\_\_\_ Male or Female: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Medical Information: \_\_\_\_\_

School Attended: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_

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

Parent Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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):

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

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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:

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: \_\_\_\_\_

Security Code: \_\_\_\_\_

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