

**ONLINE SUMMER CAMP SCHOLARSHIP APPLICATION AND REGISTRATION 2020**

Scholarships are 50% of the tuition for a camp and a \$20 deposit is necessary to process your application. This deposit will be applied toward 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 so don't delay. Please visit our website for full camp details at [www.grct.org/summer-programs](http://www.grct.org/summer-programs).

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Grade Completed June, 2020 \_\_\_\_\_  
 Student's Chosen Name/Nickname: \_\_\_\_\_ Legal Gender: \_\_\_\_\_  
 Preferred Pronouns (please circle): He/Him She/Her They/Them I don't see my pronoun  
 Medical Information: \_\_\_\_\_  
 School Attended: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_  
 Parent/Guardian #1 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent #1 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Parent/Guardian #2 Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Parent #2 Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

T-Shirt Size (circle):  
 Youth Sm Youth Med Youth Lg  
 Adult Sm Adult Med Adult Lg Adult XL Adult XXL

Please enroll my child in the following camp:

**Kidsplay Combo Camp**  
 (Ages 4-Completed K)  
 \_\_\_ Session A: June 22-June 26  
 \_\_\_ Session B: Aug 3-Aug 7  
 All Sessions from 9am-9:30am  
**Tuition \$50**

**Beginning Actors Camp**  
 (Completed Grades 1-2)  
 \_\_\_ Session A: June 22-June 26  
 \_\_\_ Session B: Jul 20-July 24  
 \_\_\_ Session C: Aug 3-Aug 7  
 All Sessions from 10:30-11:30am  
**Tuition \$90**

**Virtual Play Grades 3-5**  
 (Completed Grades 3-5)  
 \_\_\_ Session A: June 15-June 19  
 \_\_\_ Session B: July 6-July 10  
 \_\_\_ Session C: July 13-July 17  
 \_\_\_ Session D: July 27-July 31  
 \_\_\_ Session E: Aug 3-Aug 7  
 All Sessions from 9am-3pm  
**Tuition \$225**

**Virtual Play Grades 3-5**  
 (Completed Grades 3-5)  
 Title: Ghoul Chasers  
 \_\_\_ Session A: June 21 27 10am-noon  
 \_\_\_ Session B: July 13-17 10am-noon  
 \_\_\_ Session C: July 13-17 2pm-4pm  
 Title: School for Pirates  
 \_\_\_ Session D: July 20-24 10am-noon  
 \_\_\_ Session E: Aug 10-14 2pm-4pm  
**Tuition \$125**

**Virtual Play Grades 6-8**  
 (Completed Grades 6-8)  
 Title: Time Trotters  
 \_\_\_ Session A: July 6-10 10am-noon  
 \_\_\_ Session B: July 6-10 2pm-4pm  
 \_\_\_ Session C: July 13-17 10am-noon  
 Title: Mission: Space Rocks!  
 \_\_\_ Session D: July 20-24 2pm-4pm  
 \_\_\_ Session E: Aug 10-14 10am-noon  
**Tuition \$125**

**Virtual Play Grades 9-12**  
 (Completed Grades 9-12)  
 Title: The Poe Plays  
 One Session: June 22-26  
 10:00am-noon  
 Title: The Fantasists  
 One Session: August 3-7  
 10:00am-noon  
**Tuition \$125**

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

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

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

Refunds and Cancellations:

A refund minus \$10 cancellation fee before the first day of camp. No refund the day 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 videoed 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, deposit **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](mailto:GRCTSchool@grct.org).

Questions: Please call 616-222-6653, ext 2