

**SCHOLARSHIP APPLICATION 2021/22**

Applications for 2021/22 will be accepted beginning **September 8, 2021**. 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 classes are available. 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 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/class/](http://www.grct.org/class/).

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

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Current Grade in School \_\_\_\_\_  
 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: \_\_\_\_\_

Please enroll my child in the following class:

**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 is 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: \_\_\_\_\_

SCHOLARSHIP ATTENDANCE POLICY

Attendance is crucial in theatre class! When a student is absent, it not only impacts the students' learning, it impacts their classmates who are relying on them in scenes and activities. If a student misses more than one class, we consider that an "incomplete" class. If a scholarship student misses more than one class, their scholarship status for the remaining school year will be rescinded and the administrative fee will not be refunded. Readmission into the scholarship program for the following school year will be made on a case-by-case basis.

Please check here to indicate that you have read and understand the Attendance Policy.

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 is cancelled and the \$20 deposit will be forfeited.**

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

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

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Please submit by email to: [grctschool@grct.org](mailto:grctschool@grct.org) or by mail to: Grand Rapids Civic Theatre, School of Theatre Arts, 30 N. Division Ave., Grand Rapids, MI 49503. Questions? Please call 616-222-6653, ext 2 or email GRCTSchool@grct.org