

SUMMER CAMP SCHOLARSHIP APPLICATION AND REGISTRATION 2022

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.

Student Name: _____ Home Phone: _____
 Address: _____ City: _____ Zip: _____
 Date of Birth _____ Grade Completed June, 2022 _____
 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 |

Friend requests are limited to **ONE** other camper. Because campers are placed in groups by age, the requested camper must be in the same grade or within 1 year 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: _____

Please enroll my child in the following camp:

Early Explorers

(Ages 4-Completed K)
 ___Session A: Aug 8-Aug 12
 9am-11am
 ___Session B: Aug 8-Aug 12
 1pm-3pm
Tuition \$115

Creative Quest

(Completed Grades 1-2)
 ___Session A: June 20-June 24
 ___Session B: Jul 25-July 29
 All Sessions from 9am-1pm
Tuition \$200

Dramatic Discovery

(Completed Grades 3-6)
 ___Session A: June 27-July 1
 ___Session B: July 11-July 15
 ___Session C: July 18-July 22
 All Sessions from 9am-3pm
Tuition \$250

ONE ACT MUSICAL

Legally Blonde, Jr
 (Completed Grades 7-12)

___June 12-June 18
 Sun 5-8pm
 M-F 9am-4:30pm
 Sat 9am-5pm
Onstage Performance: Saturday at 3pm
Tuition \$275

ONE ACT PLAY

Radium Girls
 (Completed Grades 7-12)

___June 12-June 18
 Sun 6-8:30pm
 M-F 10am-5pm
 Sat 9am-5pm
Onstage Performance: Saturday at 3pm
Tuition \$275

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):

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

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

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:

If a student requests a withdrawal, on or before each individual camp registration deadline, a full refund less a \$10 drop fee is issued. Withdrawals between each camp registration deadline and the first day of camp are refunded at 75% less a \$10 drop fee. Refund is forfeited if withdrawal occurs once camp has begun. Registrations and tuition are non-transferrable.

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.

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