

YOUTH SCHOLARSHIP APPLICATION 2024/25

Applications for 2024/25 will be accepted beginning **August 1, 2024**. To qualify for a scholarship, students must fill out the form below. Scholarships cover 80% of tuition for 1 class in each of the fall, winter and spring terms and 50% of tuition for the Performance Block. You may pay the reduced tuition in full with the application or the tuition balance must be paid in full no later than one week before class begins or your registration will be cancelled.

If this form is completed by **Monday, August 19**, your spots for the 2024/25 season of classes will be held. If this form is completed after that date, there is no guarantee that spaces will remain in the class of your choosing. The scholarship application must be received no later than two weeks before the start of the term. Registrations are processed on a first-come, first-served basis. Class details can be found at: <https://www.grct.org/classes/>

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 Other (Please list) _____
 Medical Information: _____
 School Attend: _____ 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: _____

References:

Please provide the name, phone number and email address for an individual who is NOT a family member (teacher, clergy, counselor, social worker, youth group leader, coach, etc). This contact will be used in the event that we cannot get ahold of you to process scholarship information:

Reference #1 Name: _____ Phone Number _____ Email: _____
 Reference #2 Name: _____ Phone Number _____ Email: _____

Please enroll my child in the following class:

Fall Term:

Winter Term:

Class Name: _____	Class Name: _____
Class Day: _____	Class Day: _____
Class Time: _____	Class Time: _____
Class Cost: _____	Class Cost: _____

Spring Term:

Performance Block:

Class Name: _____	Class Name: _____
Class Day: _____	Class Day: _____
Class Time: _____	Class Time: _____
Class Cost: _____	Class Cost: _____

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):

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

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

Payment Options for Student/Family Portion of Tuition. Please select option:

- Cash (Enclosed) Check payable to Grand Rapids Civic Theatre (Enclosed)
- Payment Plan - On a case-by-case basis and full tuition must be paid by last day of class for each term.
- Please charge the following to my credit card:

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.**

Dated: _____ Signature: _____

Print Name: _____

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Please submit by email to: 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