



Scholarship Application

1) What would be helpful to you? Check all that apply.

- We would like #____ one-day passes
- We would like a yearly membership
- This is a renewal request member id #: _____
- We would like a theatre scholarship

2) Please fill-out:

Adult Name 1: _____

Adult Name 2: _____

Children's Names:

Birth Dates:

_____	_____
_____	_____
_____	_____
_____	_____

Phone number: _____ **E-mail:** _____

Current address: _____

How did you hear about this program? _____

3) If you receive public assistance, please copy the paperwork and include it (see examples list).

4) Attach a copy of your photo I.D.

5) Use a separate page to write anything you'd like us to know about your circumstances.

Today's date:

FIN: