

**TIM REDOVIAN SUMMER SCHOLARSHIP
APPLICATION FORM 2019**

****Please make sure ALL INFORMATION IS CURRENT AND LEGIBLE. Auditions and scholarships may be forfeited if we cannot reach the applicant using the information provided****

SCHOOL: _____ **Circle CURRENT Grade:** 9 10 11

STUDENT NAME _____ DATE _____

ADDRESS: _____

CITY

STATE

ZIP

Student Phone _____ Student email _____

Parent/Guardian Name _____ Parent/Guardian Phone _____

Parent/Guardian Email _____

SUMMER PROGRAM INFORMATION

NAME OF SUMMER PROGRAM: _____

LOCATION OF PROGRAM: _____

AREA OF STUDY: Dance, Musical Theatre, Acting, Voice, Instrument (which instrument) _____

CHECK YES OR NO APPLIED TO THE PROGRAM? Yes ___ No ___ BEEN ACCEPTED? Yes ___ No ___
(We suggest you go ahead and apply to the program of your choice if you have not applied yet)

SESSION DATES OF PROGRAM YOU WILL BE ATTENDING: _____

TOTAL COST OF PROGRAM: _____

AMOUNT OF SCHOLARSHIP REQUESTING: _____

Full or partial scholarship NOT to exceed \$2,000; scholarship does not cover student out of pocket expenses, air fare or other costs beyond direct program fees. **Are you receiving any other financial aid?** How much? _____

SHOULD YOU RECEIVE A SCHOLARSHIP BELOW THE TOTAL COST OF THE PROGRAM FEES, ARE YOU ABLE TO COVER THE ADDITIONAL PROGRAM COSTS? Yes No

IF YOU HAVE A KNOWN CONFLICT ON THIS AUDITION DATE, PLEASE LET US KNOW NOW SO WE CAN ATTEMPT TO SCHEDULE YOUR AUDITION AROUND IT. IF "YES" PLEASE ADVISE WHAT THE EVENT IS AND THE SCHEDULED TIME.

I certify all information in this application is correct to the best of my knowledge.

Signature of Applicant

Date

I support my child's application for a Tim Redovian Summer Scholarship.

Signature of Parent/Legal Guardian

Date