

**TIM REDOVIAN SUMMER SCHOLARSHIP
APPLICATION FORM 2020**

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 covers direct program fees. It does not cover student out of pocket expenses or air fare.

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 ADVISE WHAT THE CONFLICT IS AND THE SCHEDULED TIME. WE WILL DO OUR BEST TO SCHEDULE YOUR AUDITION AROUND YOUR CONFLICT.

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