



SCHOLARSHIP APPLICATION
YouTheatre PO Box 310, Flat Rock, NC 28731



(PLEASE KEEP THIS TOP SHEET FOR YOUR RECORDS.)

The Vagabond School of the Drama, Inc.

Our mission is to produce the highest quality professional theatre while teaching theatre arts through a multi-faceted educational program.

Educational Mission Statement

The YouTheatre seeks to introduce all students to theatre arts, to encourage life-long relationships with the arts, to focus on learning through practical experience, and to bridge the transition into the professional world.

Flat Rock Playhouse's YouTheatre Education Programs, financially supported by the generous donations from community members, businesses and corporations, provides scholarship funding for youth to attend YouTheatre classes or workshops. YouTheatre seeks to enroll young people who will benefit from our unique arts program. **Full, half and partial scholarships are awarded based on financial need and space availability in the class.**

A scholarship application must be submitted for each class in order to be considered. The YouTheatre Administrator will notify scholarship recipients of their application denial or approval.

CRITERIA:

- Complete the application.
- Supply support materials if requested including a copy of the first page of the parent or guardian's tax return from the prior year. If you do not have a tax return, please include current documentation of government assistance.

CONDITIONS:

If awarded a scholarship:

- The student is expected to be prepared and attend all classes and events on time.
- The parent/guardian agrees to be available for volunteer support to YouTheatre's support guild, The Spotlighters.

For class listings and other theatre information, visit online: www.flatrockplayhouse.org

Please submit the second page only.

If you have any questions, please contact
Charles Holland, YouTheatre Administrator at 828-693-3517 or write to:
Flat Rock Playhouse/YouTheatre, P.O. Box 310, Flat Rock, NC 28731
ATTN: Charles Holland, YouTheatre Administrator

SCHOLARSHIP APPLICATION FORM

To be considered, the entire application must be completed.

Student's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Male/Female _____

Email Address _____

Ethnicity: (for record-keeping purposes only) _____ White _____ African-American _____ Asian-American
_____ Hispanic-Latino _____ Native American
_____ Other _____

Parent/Guardian _____

Parent/Guardian _____

Employer _____

Employer _____

Address _____

Address _____

Business Phone _____

Business Phone _____

Email Address _____

Email Address _____

So that we may efficiently process your request, please list classes of interest in order of preference. Classes are subject to availability.

Class Title	Class Code(s)	Time	Tuition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE INCLUDE A COPY OF THE FIRST 1040 PAGE OF YOUR MOST RECENT TAX RETURN.

(A) Annual Net Income (after taxes) \$ _____

(B) Other Sources of Income: \$ _____

(Social Security, Welfare, AFDC child support, alimony, etc)

TOTAL INCOME (A+B): \$ _____

Number living in household: Adults _____ School age children _____

Are there any other financial circumstances to be considered? If yes, please explain. _____

I agree that I have read and received a copy of the scholarship conditions attached to this form. To the best of my knowledge the above information is correct.

Parent (Guardian) Signature _____ Date _____

[Office Use Only]

Awarded:

_____ Full _____ Partial \$ _____ Amount

_____ Declined _____