



Scholarship Application
YouTheatre • P.O. Box 310 • Flat Rock, NC • 28731



Applicant's Name _____

Address _____ City _____ State _____ Zip _____

Parent's Name(s) _____

Home/Cell Phone(s) _____

Home Email(s) _____

Please have Parent, Guardian or Teacher write a brief explanation of the Student's need for scholarship assistance:

Signature _____ Date _____

Please return completed application with class registration to the address above.